

Guidelines for Management of Nephrostomy Tubes

Advice for district nurses

Nephrostomy Care

1. Equipment needed:	<ul style="list-style-type: none"> a) dressing pack b) new bag cut to accommodate the tap of the nephrostomy tube c) warm water.
2.	Gently peel used bag off the skin, taking care not to pull on the tube.
3.	Protect the end of the tube/tap with sterile gauze or sterile towel.
4.	Clean skin gently with warm water and gauze.
5.	Dry skin well as new bag will not stick to wet skin.
6.	Peel the backing paper off the new bag to expose the adhesive.
7.	Carefully insert the tube into the urostomy bag and position the tap so it is easily accessible to the patient (optimum position is with the end of the bag coming around the side of the patient towards their front).
8.	Press down gently to make sure there are no creases in the adhesive.
9.	Check the tap is in the 'closed' position or, if required, the bag can be attached to a leg bag or a night drainage system
10.	Wrap rubbish up well and throw in the dustbin.

- The bag needs emptying when $\frac{1}{3}$ to $\frac{1}{2}$ full – 4-5 times per day.
- The District Nurse will change the bag twice weekly.
- The GP will provide a prescription for the equipment which is dispensed by a local chemist or local Home Delivery Service.
- Order more bags when you are down to half a box.



Nephrostomy Equipment: the equipment used is either Coloplast or Salts

Coloplast equipment:

1. Coloplast Assura Urostomy Pouches	1 box of 10 pouches/Size 10mm – 70mm	Code No 12805
2. Simpla S4 Leg Drainage Bags	500ml long tube	Code No 370819
3. Simpla S4 Night Drainage Bags		Code No 340805

Salts equipment:

1. Natural Urostomy Pouch	1 box of 10	Code No NU13
2. Night Drainage Bag	1 box 10	Code No ZL0400
3. Leg bag	1 box 10	Code No P500L
4. Leg bag straps	1 box 10	Code No P10LS

Seek medical advice immediately if...

- the tube stops draining
- the tube becomes dislodged
- the patient's urine smells offensive or is blood-stained.



Nephrostomy Tube

Background

The percutaneous nephrostomy tube has been inserted to allow urine to drain from an obstructed kidney. The tubes are designed to be able to stay in place for a period of 3 months. If the obstruction has not resolved in that time, the patient will be seen at the hospital for a change of tube. If the patient has not been contacted about changing the tube, please contact the consultant's secretary for an appointment.

The type of nephrostomy tube used at The Christie has a locking system to hold it in place in the pelvis of the kidney.

This locking system means that the tube should not move out of the kidney. However, the tube should be checked for signs of movement each time the bag is changed.

If the patient notices that there is no drainage of urine from the tube and that there has not been an increase in the amount of urine passed urethrally then the nephrostomy tube may need flushing.

If the nephrostomy is prone to blocking on a regular basis then it may be appropriate to flush the tube prophylactically twice a week.

Flushing the Tube

Equipment

- sterile dressings pack (including sterile gloves)
- 10ml syringe
- 10mls sterile normal saline
- alcohol wipe
- clean urostomy (nephrostomy) bag.

Action	Rationale
<ul style="list-style-type: none">• Check the tube and bag to make sure that there are no kinks that may be causing mechanical obstruction to the drainage of urine. Or...• Check the end of the tube to see if it has got a luer lock cap on it.	<ul style="list-style-type: none">• If there is physical obstruction that can be easily resolved the flush will not be necessary.• Occasionally tubes have been occluded by the use of a luer lock cap.
<ul style="list-style-type: none">• Open dressings pack and prepare equipment, draw the saline into the syringe.	
<ul style="list-style-type: none">• Remove the urostomy bag for access to the distal end of the tube.	
<ul style="list-style-type: none">• Wearing sterile gloves, wipe around the port with alcohol wipe.	
<ul style="list-style-type: none">• Gently applying even pressure, instil the saline into the nephrostomy tube.	<ul style="list-style-type: none">• Although gentle aspiration of the tube may help to dislodge the blockage, excessive force may cause bleeding.
<ul style="list-style-type: none">• Allow the saline/urine to flow out of the tube.	
<ul style="list-style-type: none">• Apply clean urostomy bag.	

If there is still no drainage of urine from the nephrostomy tube after 24 hours then the patient's medical team at The Christie should be informed.

Contacts

The Christie Hotline **0161 446 3658**.

For skin problems contact the tissue viability nurse on **0161 918 7989** or beep **12584** via switchboard on **0161 446 3000**.

Produced in conjunction with the South Manchester Stoma Care Nurses

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **the-christie.patient.information@nhs.net**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week