



A guide to...

Nephrostomy Exchange
Patient Information

Radiology Interventional Department

This leaflet tells you about having a Nephrostomy exchange, what it involves and the steps you need to take beforehand.

We cannot guarantee the time your procedure will take place as times are affected by emergencies and the availability of beds. We are very grateful for your patience in this matter.

What is a nephrostomy exchange?

You will have had a nephrostomy previously, where a tube was inserted into the kidney to allow the kidney to drain. A nephrostomy exchange is performed typically every three months to prevent infection and tube obstruction from encrustation. Encrustation can also cause difficulties with tube removal if left for a longer period.

Where will the procedure take place?

In the Interventional Suite in the AAU unit, Level 2, at West Herts Teaching Hospital

How do I prepare for a nephrostomy exchange?

The procedure will be performed as a day-case, or occasionally you may be required to stay overnight. Please follow the fasting instructions sent with this letter. You will be asked to put on a hospital gown before you come into the theatre. 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 scanning, then you must also tell your doctor about this.

What actually happens during a percutaneous nephrostomy?

You will lie on the X-ray table, generally flat on your stomach, or nearly flat. The Radiologist will keep everything as sterile as possible, and will wear a theatre gown and operating gloves. Your skin will be cleaned with antiseptic, and then most of the rest of your body covered with a theatre towel.

A nephrostogram is performed to check the nephrostomy position using x-rays. A wire is then passed into the nephrostomy tube to straighten the tube out. The old nephrostomy is then gently removed over the wire, with the wire left in the collecting system. A new nephrostomy is then placed over the wire back into the kidney. The new nephrostomy will then be fixed to the skin surface, and attached to a new drainage bag.

Will it hurt?

Usually this procedure is uncomfortable rather than painful. It may hurt a little, for a very short period of time. If local anaesthetic is used, it will sting initially, but this soon wears off, and the skin and deeper tissues should then feel numb. There will be a nurse, or another member of clinical staff standing next to you, looking after you. Generally, replacing the catheter in the kidney only takes a short time, and once in place it should not hurt at all.

How long will it take?

A nephrostomy exchange is a relatively simple procedure and should only take about 30 minutes. As a guide, expect to be in the Interventional Theatre for about an hour altogether.

What happens afterwards?

After the examination a nurse will escort you back to the Recovery unit. Nurses 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. You will not be able to drive for 24 hours so you will need to make arrangements to travel home following discharge. A responsible adult should stay with you for the 24 hours following discharge. If you do not have a responsible adult with you overnight or have concerns about being a day case please contact us on the number at the bottom of this information.

Are there any risks or complications?

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

Sometimes there is a leak of urine from the kidney, resulting in a small collection of fluid inside the abdomen. If this becomes a large collection, it may need to be drained.

There may be slight 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 generally be treated satisfactorily with antibiotics.

Despite these possible complications, the procedure is normally very safe, and will almost certainly result in a great improvement in your medical condition. Very occasionally, an operation is required, but if the percutaneous nephrostomy had not been attempted then this operation would have been necessary anyway.

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