

Patient information factsheet

Caring for your nephrostomy tubes

This factsheet has been written to help you and your community nursing team care for your nephrostomy tube(s). Please keep it in a safe place in case you need to refer to it later.

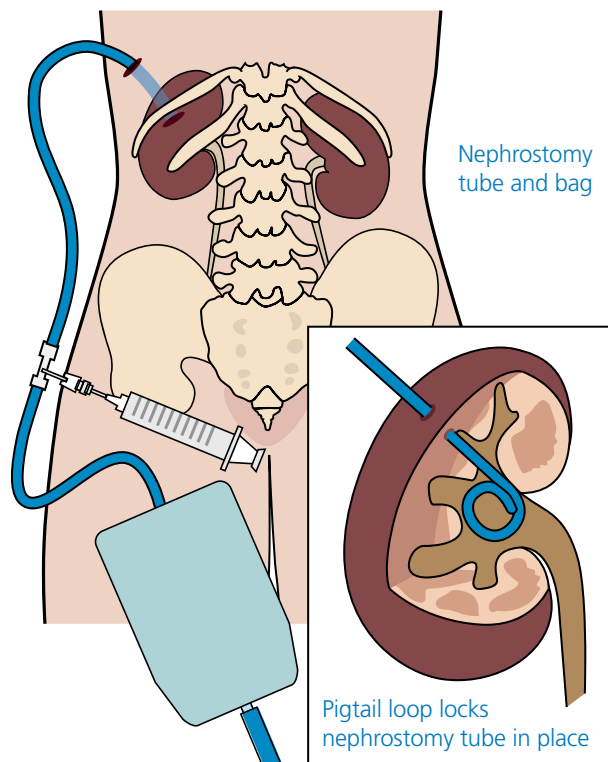
A nephrostomy tube is a small tube placed into your kidney to allow urine to drain freely. The urine would normally drain down an internal 'natural' tube called the ureter into your bladder. In your case, this drainage tube has been either partially or totally blocked, causing a potentially damaging back pressure on the kidney. The nephrostomy allows the urine to drain through an alternative route: the nephrostomy tube and bag.

Care of your nephrostomy tube when you leave hospital

- Do not remove the dressing applied while in hospital until you have been reviewed by your practice nurse or district nurse.
- Visit your practice nurse weekly to check that the wound remains clean and dry, there is no infection seen at the site of tube insertion and to renew as required. Depending on your situation, a district nurse may need to visit you at home (which will be arranged by the staff on the ward, informing them of what needs to be done). **Your nephrostomy site must be checked weekly.**
- The nephrostomy bag must be changed weekly to avoid the growth of bacteria. If you are using a night bag, this should also be changed weekly.
- Ensure the drainage bag is secure, comfortable, and free from kinks, allowing urine to drain into the bag.
- Empty the bag when it is half to three quarters full (or at least once a day if you do not reach this volume), as the weight of a full bag may cause discomfort by pulling on the nephrostomy tube.
- Remember to wash your hands with soap and water when emptying the urine from the bag. Strict hand hygiene is important before and after the process.

Flushing the nephrostomy tube

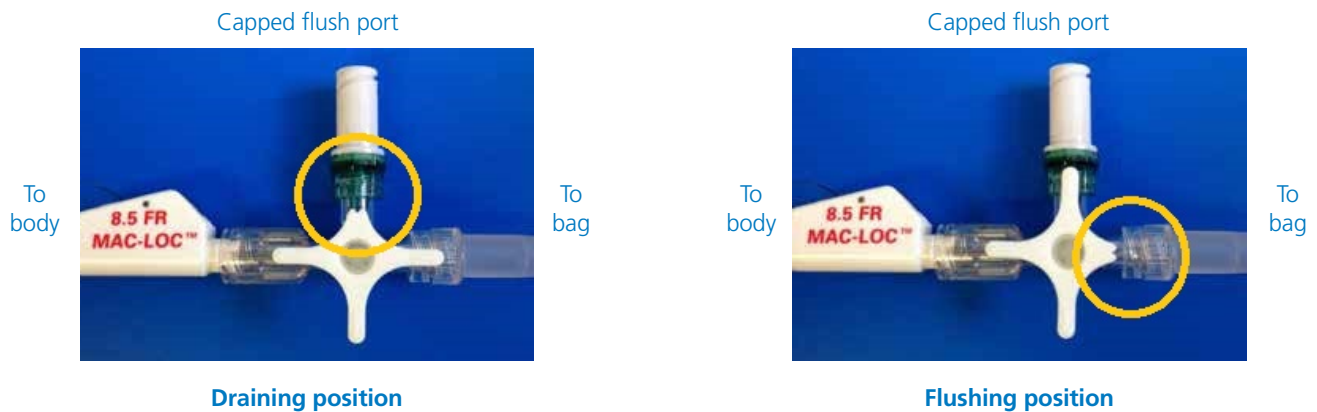
When you leave hospital the medical team will let you know how often the tube needs to be flushed. Usually, flushing is required when the urine that has been drained is very red in colour, has clots or is cloudy with debris. Remember when it comes to flushing the nephrostomy tube, strict hand hygiene is very important, so wash your hands with soap and water. The nephrostomy tube may have a 3-way tap attached to it, with a bung at the end - this method makes it easier to flush the tube and helps to reduce the risk of infection if used properly. Depending on how often the tube needs flushing, a member of your family may have been shown how to do the procedure. If this wasn't possible, a visit to the practice nurse or from the district nurse will be necessary.



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Follow the steps below:

1. Ensure your work surface is clean, then wash your hands with soap and water.
2. Clean the bung attached to the 3-way tap with an alcohol swab (supplied to you by the ward) and allow it to dry for 30 seconds.
3. You may have been given 10ml prefilled syringes of sodium chloride to flush the tube. If not, prepare the flush as you have been shown by your GP/district nurse/practice nurse.



("The 3-way tap should be in the 'draining position' normally.

- Attach the syringe to the capped flush port whilst in the draining position.
- Turn the tap to the flushing position.
- Flush the tube in a stop-start motion until all the fluid has gone in. **Under no circumstances must you pull back any fluid into the syringe.**
- Turn the tap back to the draining position.
- Disconnect the syringe. The urine should start to drain down the tube immediately. If this does not occur, check the 3-way tap is in the draining position.
- Ensure you wash your hands after the procedure.

If the nephrostomy tube stops draining despite flushing and the 3-way tap is in the correct position, you will need to contact the urology centre for advice, as you may need to come in for a review.

No 3-way tap?

If your bag only requires flushing once per week, this can be done when the bag and dressing are changed. This means that a 3-way tap is not required. If the required frequency of flushing increases, a new 3-way tap and capped flush port (bionector) will need to be attached.

Please note, if a 3-way tap is in place, this and the bionector will need to be replaced weekly along with the bag and dressing.

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Changing your nephrostomy bag

Your nephrostomy bag should be changed weekly following the steps below:

- Wash your hands with soap and water.
- Turn the 3-way tap to the flushing position.
- Detach the old nephrostomy tube bag.
- Using an alcohol wipe, clean the exposed port for 30 seconds and allow it to dry for 30 seconds.
- Screw in the new bag.
- Turn the 3-way tap back to the draining position.

Please be aware the nephrostomy bag used in the hospital **does not** allow for a night bag attachment. However, we will recommend a different nephrostomy bag which does allow for a night bag attachment on discharge.

Equipment your GP needs to order for you/ordered for you through Charter

- Prefilled 10ml syringes of sodium chloride 0.9%.
- Sanicloth 2% wipes (or other appropriate wipe provided by your GP) - 1 per flush or bag change
- NephSys 20cm nephrostomy drainage bags 500mls (box 10) NS721.1720.S (Manfred Sauer UK Ltd)
– this system is compatible with 2l night bags
- Nephrostomy support belt and drainage bag suspenders (x1) NS BELT.02 (Manfred Sauer UK Ltd)
– 2 required per person
- Griplok universal securement device Ref 3400L - 1 per week per tube (Blue Box Medical Ltd)
- A waterproof/resistant dressing to cover the site (such as bio-occlusive or hydrofilm and gauze)
- 2 litre catheter night bags - one per week per tube
- 3-way tap and bionector (if required) – 1 per week per tube

Your personal flushing plan

Flush your right nephrostomy with mls sodium chloride 0.9%

..... times per day/week

For weeks

Or until

Flush your left nephrostomy with mls sodium chloride 0.9%

..... times per day/week

For weeks

Or until

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Additional information

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Contact us

If you have any questions or concerns please contact the urology centre on **023 8120 8455** (Monday to Friday, 8am to 6pm).

Outside of these hours please contact 111.

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsuppothub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**