

Percutaneous Nephrostomy (PCN) catheter exchange

Patient Information

Interventional Radiology Suite
Royal Albert Edward Infirmary, Wigan.



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Introduction

You have been advised by your urology consultant that you need to have a nephrostomy catheter exchange and you have been referred to the radiology department to have this procedure. This information leaflet explains the procedure and what is involved. It is not meant to replace informed discussion between you and your doctor, but it can act as a starting point for such a discussion.

If after reading this information, you still have concerns or require a further explanation, please contact the radiology team on telephone: 01942 778713; alternatively you can ring the hospital switchboard on telephone 01942 244000 and ask for the X-Ray department.

Please read this leaflet carefully to ensure you are successfully prepared for the examination.

Why do I need this procedure?

Nephrostomy tubes are changed every 3 months as the drainage catheter can become blocked over time. This change of the catheter will help to keep the urine draining from your kidney and prevent infection.

Your District Nursing team will continue to care for your nephrostomy tube and, drainage bag, once you have had your nephrostomy tube changed.

Do I need to stay in hospital overnight?

No, unlike the initial insertion of the nephrostomy tube, an overnight stay is not necessary. You will only need to recover for 1 hour after the procedure. You will be offered something to eat and drink, and if you are feeling well, you can go home.

How can I prepare for my procedure?

You will need to fast (not have anything to eat or drink) before your procedure; this is usually 6 hours before the procedure.

What are the risks of this procedure?

With any procedure complications are possible; this leaflet includes complications and risks that are associated with this procedure. The possibility of you experiencing any of the listed risks or complications varies for each patient but these will be discussed with you before the procedure.

- Following the procedure, the urine may be blood stained; this is normal and will clear up.
- Rarely the procedure can cause damage to the kidney.

Safety

X-Rays are a type of radiation. We are all exposed to natural background radiation every day; this comes from the sun, the food we eat, and the ground. Being exposed to X-Rays carries a small risk, but your urology doctor feels that this risk is outweighed by the benefits of having this procedure. We take all safeguards to minimise the amount of X-Rays you receive.

Information for female patients between the ages of 12 and 50

The risks of radiation are slightly higher for an unborn child so you will be asked to confirm that you are not pregnant before the examination can proceed. A radiographer will ask you additional questions regarding your menstrual cycle; this is to prevent X-Raying an unborn baby. If there is a chance you may be pregnant, please let a member of staff know at the earliest opportunity, or contact the radiology team on the number provided in this leaflet.

On the day of the procedure

Please refer to your admission letter; this will tell you your appointment date, time, and where to report to. A nurse will prepare you for the procedure. This involves:

- Giving you a hospital gown to wear, this is to protect your own clothes.
- Giving you a single dose of antibiotics; this will be administered through a cannula (a fine plastic tube that is inserted into your vein) to protect you from infection.

Where will the procedure take place?

It will take place in the X-Ray department, in a room that is adapted for specialist procedures.

What happens during the procedure?

You will be taken to the X-Ray interventional radiology suite; this will be where your nephrostomy tube was inserted initially if your procedure was done at RAEI. You will meet the radiologist (a specialist X-Ray doctor), radiology nurses, and radiographers. You will be asked various questions by a team member; the radiologist will discuss the procedure with you in full, and explain the associated risks and complications that are indicated in this leaflet. This is an opportunity for you to ask any questions you may have.

You will be asked to get onto the X-Ray table; usually you will be asked to lie on your stomach. Your skin will be cleaned with a cold antiseptic solution and a sterile drape will be placed over your body.

A thin wire will be passed through your existing nephrostomy tube and into your kidney. This allows the existing tube to be removed and a new one to be passed over the wire and be positioned correctly. An X-Ray contrast agent will be injected through the nephrostomy tube and X-Ray equipment will be used to see if the tube is in the correct position in your kidney.

Once the new nephrostomy tube is inserted, it will be secured in place, and a new drainage bag will be attached.

During the procedure, you may experience slight pushing in your kidney, but generally the procedure is not painful. A radiology nurse will be looking after you throughout the procedure.

How long will the procedure take?

Usually the procedure takes around 30 minutes however; it can vary from patient to patient.

What happens after the procedure is done?

You will be transferred back to the Surgical Assessment Lounge (SAL). You will be given something to eat and drink, and if you are feeling well and your observations are stable, you will be allowed to go home.

Once you are discharged, it is important you take care of the nephrostomy tube and drainage bag. Your bag will need to be emptied regularly, so that it does not become too heavy and cause irritation to the nephrostomy tube or skin. If you normally have a district nurse to come and change the drainage bags, they will continue to do so.

If you experience a high temperature, back pain, redness, swelling around the tube, leakage of urine from the drainage site, or if your tube falls out, you should contact the radiology team on the number provided in this leaflet for advice.

It is important to ensure you drink at least 3 litres of fluid daily after your nephrostomy tube has been changed, this will help to stop the urine becoming too concentrated and blocking the tube.

How long will does the nephrostomy tube need to stay in the kidney for?

Your urologist will decide how long your nephrostomy tube needs to stay in place, as this varies from patient to patient. If the tube is still needed in a further 3 months, the X-Ray department will send you an appointment for you to attend hospital to have your tube changed.

Contact Details

Radiology Team 01942 778713

Main Switchboard 01942 244000

Please use this space to write notes or reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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