

# Improving specialist care for patients with Nephrostomies

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## 1. Background

Nephrostomies are vital external drainage tubes for patients with blocked kidneys and are needed to protect kidney function, often to allow further treatment such as chemotherapy in cancer patients. If they fall out, they put patients at risk of serious complications.

## 2. Problem

- Nephrostomies were often falling out or blocking
- Dressings and connector tubes in poor condition, often not changed or makeshift dressings had to be used
- This meant more emergency admissions and complications such as pain, kidney failure and sepsis

## 3. Aim

- Quantify frequency of nephrostomy fall outs and identify possible causes
- Enable all patients access to regular specialist dressings and connectors

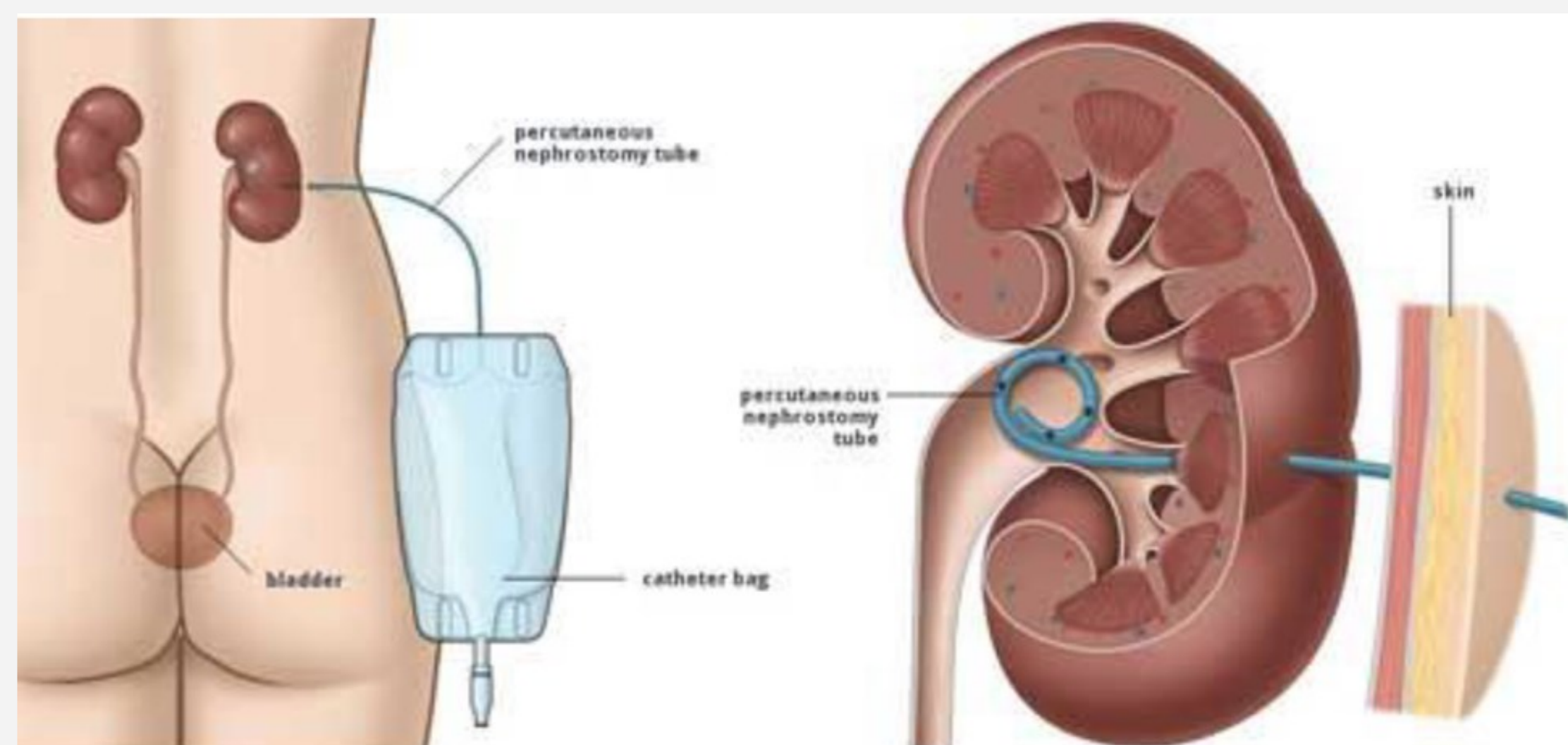


Figure 1: picture of how a nephrostomy works, by providing a urinary diversion from the kidney to an external catheter bag

## 4. Methods

- We carried out a one year retrospective audit of all nephrostomy insertions and changes, within Gloucestershire Hospital NHS Foundation Trust.
- Identified barriers to community care by liaising with District Nurses and found that they had inadequate funding to access the specialist dressings
- Subsequent cost analysis performed for each individual component of the

## 5. Results

- On average, a nephrostomy falls out every 18 days — these fall outs make up 11% of the total workload — which could potentially be avoided
- We demonstrated that there is poor access to our recommended dressings due to financial constraints. Our subsequent bid to increase dedicated funding to enable patients and nurses to access specialist dressings was successful
- The CCG contract was amended; an extra £20,000 was awarded

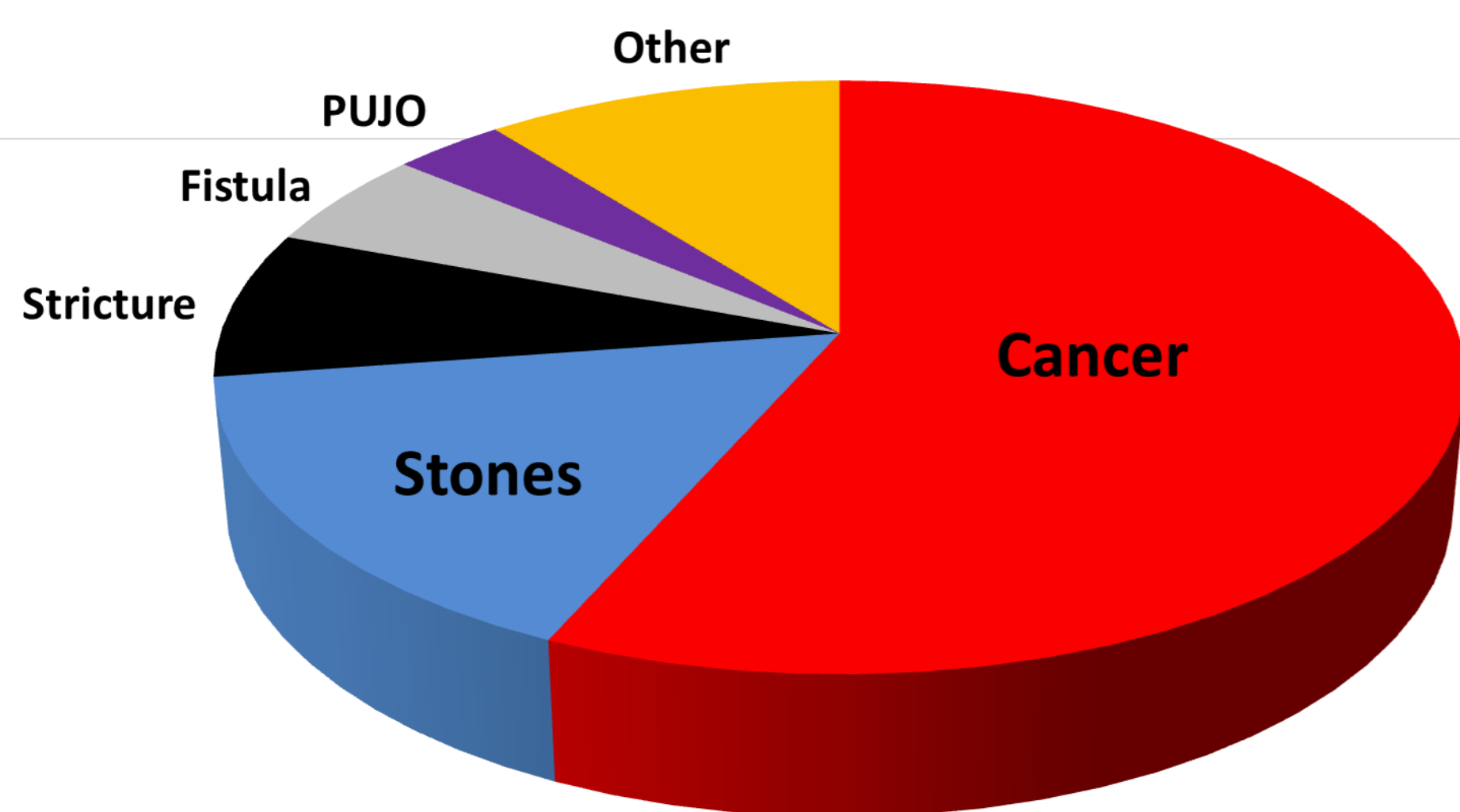


Figure 2: Pie chart representing the reason for nephrostomy insertion; over half of which are due to cancer

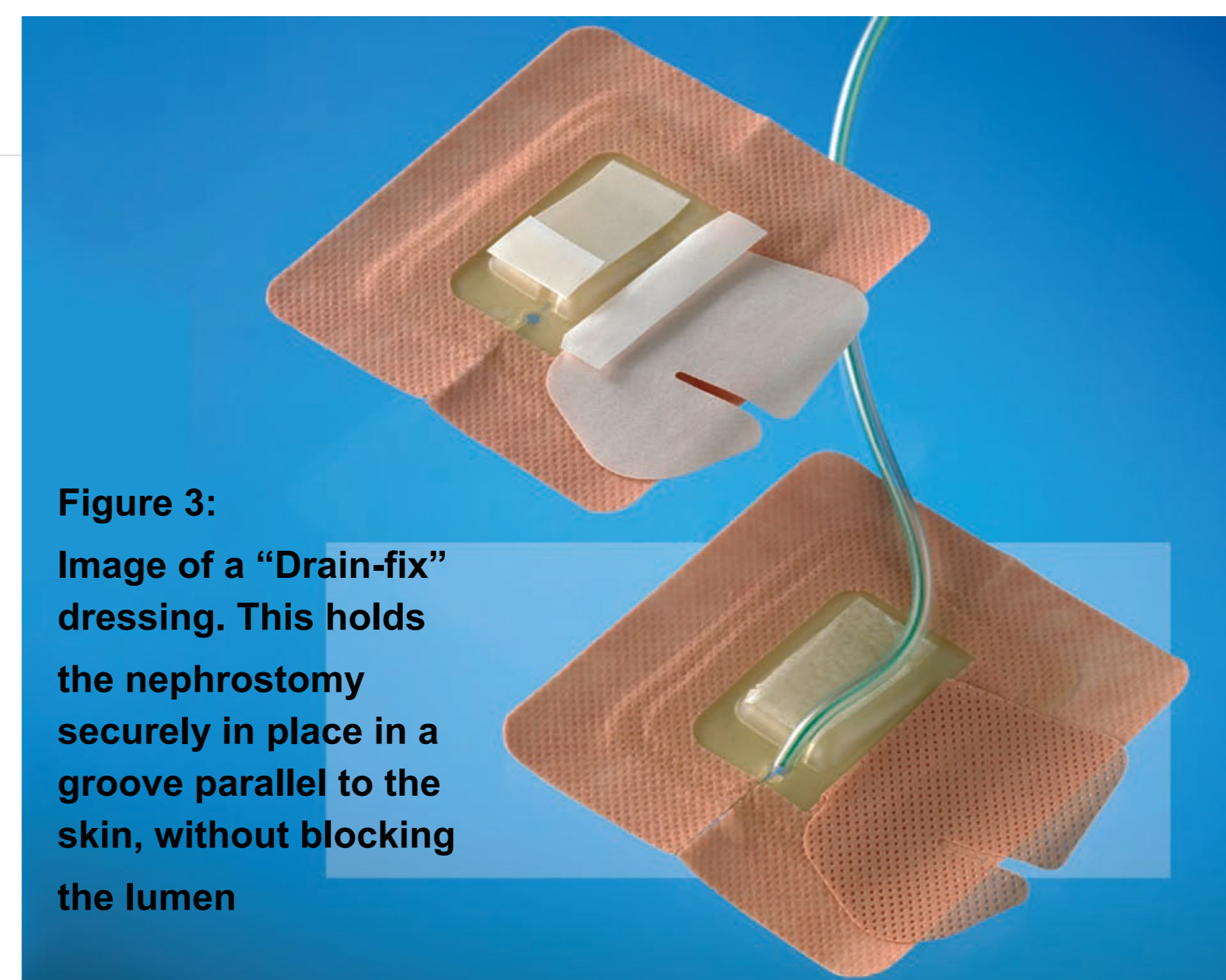


Figure 3: Image of a "Drain-fix" dressing. This holds the nephrostomy securely in place in a groove parallel to the skin, without blocking the lumen

## 6. Conclusion

As a result of this project, each patient is now given enough supplies of the special dressings and connectors to last them until their next scheduled nephrostomy change.

We hope this will reduce patient distress and discomfort, in addition to lowering the number of emergency admissions and subsequent strain on Urology and Interventional Radiology services within the Trust.

We plan to re-audit following a period of 12 months to assess the impact of these changes.

## 7. References

- Figure 1: BAUS information Leaflet No: 16/066 accessed at [https://www.baus.org.uk/\\_userfiles/pages/files/Patients/Leaflets/Percutaneous%20nephrostomy.pdf](https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Percutaneous%20nephrostomy.pdf)
- Figure 3: Drain Fix dressing, accessed at <https://my.supplychain.nhs.uk/Catalogue/product/elw072>