

**Patient  
Information**

# Leaving hospital with a nephrostomy tube

## Introduction

This information is for patients who have had a nephrostomy tube inserted into one or both of their kidneys. The leaflet answers the commonly asked questions, gives information about aftercare and provides contact information for when you need help and advice.

## What is a nephrostomy?

A nephrostomy is a procedure to insert a tube into the kidneys to drain away the urine they make into a collection bag outside the body.

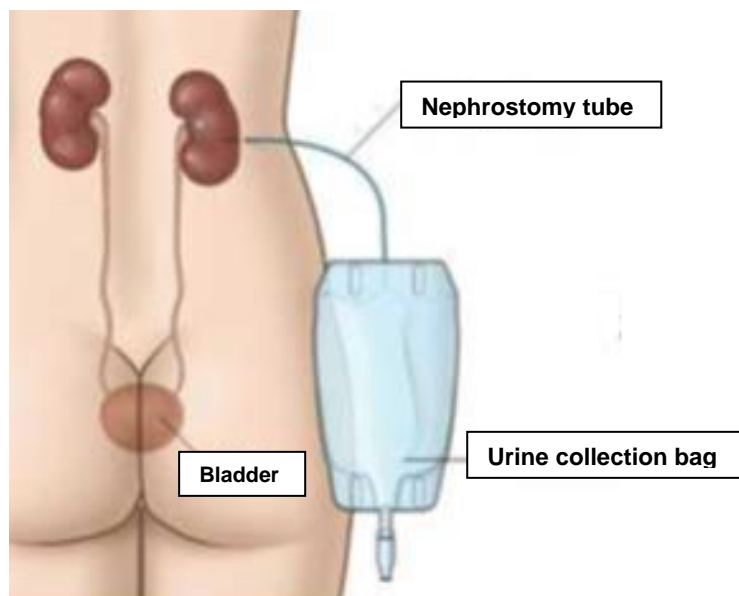


Figure 1: A diagram to show a nephrostomy tube draining urine from the kidney, to a collection bag outside the body

Urine is made in the kidneys and then travels down a thin pipe (the ureter) to the bladder. If this pipe is blocked, urine cannot leave the kidneys. If untreated, this can cause the kidneys to become damaged and you to feel unwell. A nephrostomy is a thin hollow tube, which is placed through the skin on your back and into your blocked kidney to drain the urine out.

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Department

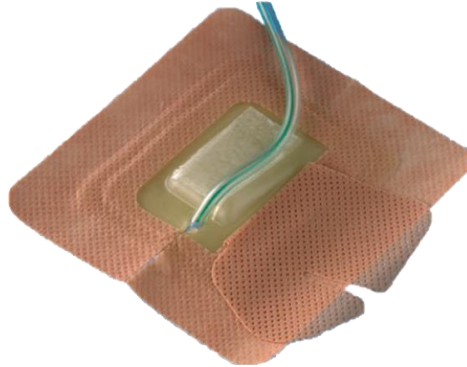
Urology

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The end of the tube which sits in the kidney has a coil which looks like a pig's tail, to help hold it in place. The other end of the tube is fixed in a special dressing on the skin, designed to hold the tube in place. A see-through dressing is placed over the top.



**Figure 2: A picture of the dressing, holding the tube in place on the skin**

Urine will automatically drain from the kidney and out through the nephrostomy. There is a connector tube so that it will drain into the urine collection bag.

The collection bag can be easily emptied into a toilet when it is convenient. The bag can be discreetly hidden from view by strapping it to your leg, underneath your clothes. The collection bag will need to be changed weekly.



**Figure 3: An example of a urine collection bag**

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Sometimes urine can still pass down into the bladder via the normal route. This is less likely if you have a nephrostomy in both kidneys.

## How do I look after my nephrostomy at home?

### You should:

- Empty the bag regularly during the day. Do not allow the bag to become over full.
- Try to keep the nephrostomy tube clean and dry. The clear dressing allows you to shower safely.
- Change the connector tube and urine bag as you have been advised. Community nurses can support you with this.

### Avoid:

Swimming and having a bath as this can increase the risk of getting an infection.

## Possible problems

### Blocked nephrostomy tube

Sometimes small bits of sediment can cause a blockage to the thin nephrostomy tube. To help prevent this happening, you need to drink at least 2 litres of fluid each day. Blockages can usually be sorted in hospital by flushing the tube but may need additional treatments.

**If you suspect that this may have happened, you must seek help. Not draining any urine for over 2 hours is considered a potential emergency, so please DO NOT eat anything and seek urgent advice.**

### Infections

All breaks in the skin can lead to an increased risk of infection. If you follow the care instructions this is less likely to happen but if you have any of the symptoms below you must seek urgent advice.

- A fever.
- Pain around your back which is not controlled by over the counter medication, such as paracetamol.
- The skin around the nephrostomy is red or hot.

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Seeing blood in the urine bag is very common as the nephrostomy tube rubs on the inside of the kidney. Minor bleeding without any other symptoms does not require any treatment but please seek urgent advice if:

- The urine is similar in colour to red wine
- The nephrostomy stops draining
- There are blood clots in the urine.

**The nephrostomy falls out**

The tube can rarely fall out but if this happens you must go to your nearest Accident and Emergency Department immediately.

**Who can I contact for advice?****Inpatient Urology**

Tivoli Ward

Tel: 0300 422 3844

**Outpatient Urology**

Oakley Ward

Tel: 0300 422 5193

**NHS 111**

Tel: 111

Alternatively, you can contact your specialist nurse or community nurse.

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### Further information

For more information about the procedure to insert nephostomy tubes, please visit:

#### The British Association of Urological Surgeons (BAUS)

Website:

[www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/Percutaneous%20nephrostomy.pdf](http://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/Percutaneous%20nephrostomy.pdf)

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## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

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

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>