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NEPHROSTOMY TUBE

What is a nephrostomy?

The kidneys make urine that drains down the ureters into the bladder. When a ureter becomes blocked, the urine backs up into the kidney which can cause kidney damage. A nephrostomy (neh-**fr**ah-sto-mee) is an opening made in the kidney to drain the urine.

What happens during surgery?

In surgery, a small opening is made in the skin, and a catheter (small tube) is placed through the opening into the kidney. It is held in place with stitches. This catheter is called a nephrostomy tube.

What can I expect after surgery?

Your child's surgeon and the anesthesiologist will prescribe and explain the medications that will be used to keep your child comfortable.

Your child will have an intravenous line (IV) to provide fluids. It may also be used to give medicines, such as pain relievers and antibiotics. The doctor will decide when the IV and IV medicines are no longer needed.

Before your child is discharged you will be given written information about your child's care at home and any questions you have will be answered.

- **Diet:** Resume regular diet as tolerated
- **Activity:** Avoid vigorous activity, contact sports and swimming until nephrostomy tube is removed.
- **Bathing:** Sponge bathe your child until the nephrostomy tube is removed.
- **Medicines:** Pain can be controlled by alternating Acetaminophen (Tylenol® or another brand) and Ibuprofen®. Do not give aspirin because it may cause bleeding.
 - If your child is prescribed an antibiotic, follow your surgeon's specific instructions.

How should I care for my child's nephrostomy tube?

Caring for a nephrostomy tube may be a little scary at first. Your nurse will teach you and help you become comfortable with the procedures before you do them yourself. These are the procedures that **may** need to be done:



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- Dressing changes
- Nephrostomy tube irrigation
- Clean and change the urine drainage bag

How should I prepare my child?

Explain procedures before they are done, especially what your child will see, hear, and feel. Tell your child what is expected ahead of time, such as, "Your job is to hold still while I change your bandage." This will help your child feel more successful and make care at home easier for both of you. Praise your child when the task is done.

How do I change the dressing?

A dressing (bandage) covers the nephrostomy site to protect it and to collect any urine or other drainage that may leak around the catheter.

Always follow your doctor's specific instructions on changing the dressing.

Your child's doctor has ordered the dressing to be changed: ___ you do not need to change the dressing ___ once a day ___ times a week _____ only if wet or soiled.

With young children, you will need someone to help your child hold still.

1. Prepare a clean work area by cleaning a solid surface with household disinfecting cleanser and laying a clean towel on it.
2. Wash your hands with soap and water for at least 15 seconds, rubbing all surfaces briskly, or use an alcohol hand sanitizer.
3. Gather and prepare supplies:
 - cotton-tipped swabs such as Q tips®
 - normal saline **or** antibacterial soap and water
 - tape, cut into strips
 - Tegaderm dressing(s) and _____ (4x4, 2x2, split gauze).
4. Hold the nephrostomy tube securely with one hand throughout the procedure, remove the old dressing with the other. Always look at how the dressing was applied by your child's surgeon.
5. Check the old dressing for any drainage and discard it in the waste container.
6. Check the skin around the tube for redness, swelling, odor, or drainage.
7. Clean the skin around the tube with antibacterial soap and rinse with water. Using a fresh cotton swab for each side, wipe away from the exit site. Remove any crusting. After cleaning, dry each area with another cotton swab, wiping outward.
8. Replace the dressing the same way your child's surgeon placed it originally.
9. Tape the tube to the skin, leaving a little slack in the tube for extra stability.



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How do I care for the drainage bag?

The catheter may be connected to a drainage bag or may drain into a diaper.

Always keep the drainage bag below the waist, so the urine can't run back towards the kidneys. A leg bag may be used when sitting in a chair or walking.

For an infant, the doctor may recommend draining the tube into a diaper. Your baby will wear a regular-sized diaper with the tube on the **outside** of the diaper and a larger diaper on top. This keeps stool from getting into the tube.

Avoid kinking, twisting, or clamping the tube.

If your child's nephrostomy tube is connected to a drainage bag, empty the bag whenever it is half full, and anytime you disconnect it from the tube. Never leave urine in the bag when it is not in use.

You will need to change the drainage bag at least once a week.

Before disconnecting or reconnecting the nephrostomy tube and the drainage system, scrub the connection area of the tubes. Wrap an alcohol-soaked gauze sponge around the area and rub, using friction.

Remove the old drainage bag and replace with a new bag. Discard the old drainage bag after draining out the urine.

Irrigation of the nephrostomy tube.

If there is no urine coming out of the tube, or there is urine leaking around the tube soaking the dressing, you may be instructed to irrigate the nephrostomy tube. Always follow your surgeon's specific instructions when irrigating the nephrostomy tube. **Call the surgeon's** office to notify them the tube is not draining.

1. Clean connection between nephrostomy tube and drainage bag with alcohol wipe.
2. Disconnect and place 10ml syringe on end of nephrostomy tube and gently aspirate to see if clot or debris is present.
3. Draw up 5mls of sterile normal saline in clean 10ml syringe and attach to nephrostomy tube.
4. Gently push (irrigate) normal saline through the tube. Never force the normal saline. If you meet resistance, reconnect the drainage bag and call the surgeon's office.



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What to call the surgeon for:

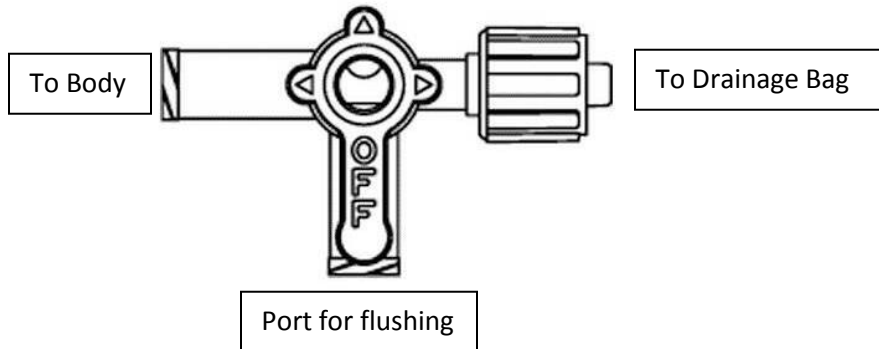
- stitches or nephrostomy tube comes out
- decrease or no urine coming out of the tube
- urine leaks around the tube, enough to soak the dressing
- fever higher than 101° F (38.4° C)
- change in urine's smell
- cloudy or bloody urine
- redness, swelling, odor, or discharge at exit site
- pain in abdomen (belly) or back
- vomiting for more than 4 to 6 hours

Questions?

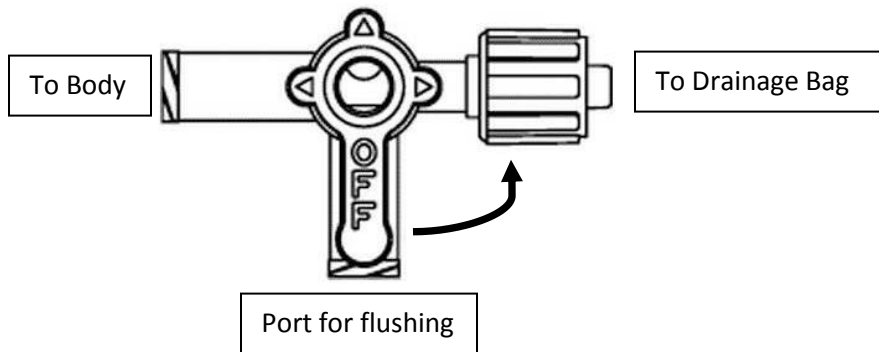
This sheet is not specific to your child but provides general information. If you have any questions, please call your surgeon at 612-813-8000



Open to drainage



To flush, turn stopcock off to the drainage bag



To change the drainage bag, turn stopcock off to the body

