

Vascular & Interventional Radiology Queensland

# Nephrostomy and ureteric stent

Patient information

#### What is it?

A nephrostomy tube is a thin flexible plastic tube that is placed via the skin into the kidney to allow drainage of urine. Urine leaving the body can be collected in a bag that can be attached to the leg or waist so that you can move freely.

A ureteric stent is a thin flexible plastic tube that follows the course of the normal anatomy from the kidney to the bladder.

## Why perform it?

You may be been referred for this operation because you have a blockage in the normal drainage of urine from the kidney to the bladder; this can be caused by a stone, infection, injury or cancer.

# How is it done?

This procedure can be done under sedation or general anaesthetic in an operating room with specialised medical imaging equipment.

Once you have been positioned face down on the table, your interventional radiologist will use an ultrasound machine to guide a fine needle into the kidney. Through this a wire will be placed, the needle removed and a nephrostomy tube inserted over the wire.

If you required a ureteric stent, a catheter (thin tube) will be passed down from the kidney into the bladder under x-ray guidance and replaced with a wire. Over this wire, a ureteric stent will be delivered into the bladder. Often, a resting nephrostomy tube will be left in place for a few days and then removed.

In most cases nephrostomy tubes require replacement every 3 months. Your urologist will normally change your ureteric stent every 3 - 6 months.

## What are the risks?

It is important to discuss the risks and complications of this procedure with your interventional radiologist in full, but some of the risk associated with this procedure include:

- bleeding
- infection
- injury to ureter
- tube displacement
- tube blockage
- pain and discomfort

### Follow up

Most patients who have a ureteric inserted also have a temporary nephrostomy tube left in place for a day or two afterwards. This can be removed by your interventional radiologist after the stent function has been confirmed with contrast injected through the nephrostomy tube.

