

# Nephrostomy Tube

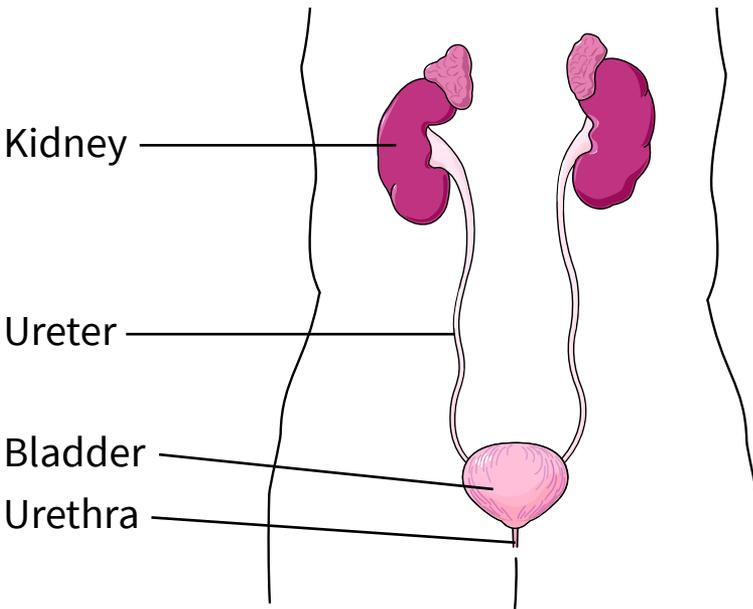
Urologist: \_\_\_\_\_

Clinic phone: \_\_\_\_\_

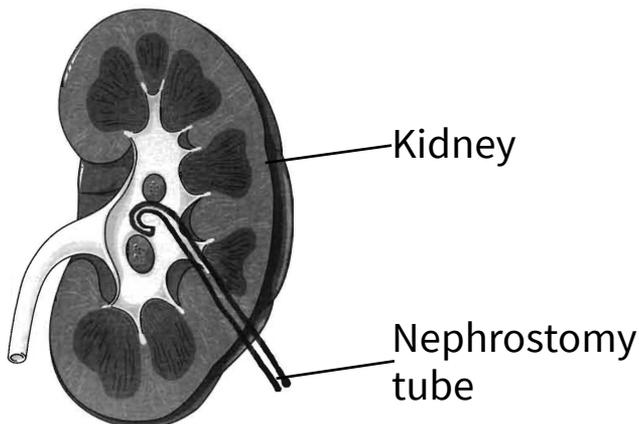
# Nephrostomy Tube

## What is a nephrostomy tube?

- Urine (pee) is made in the kidneys. It travels through tubes (called **ureters**) to your bladder.
- Urine leaves the bladder through another tube called the **urethra**.



- A **nephrostomy tube** (often called an NT) is a soft, flexible tube that is placed through the skin in your lower abdomen (stomach area) into your kidney. It drains urine from your kidney into a bag outside your body.
  - › Your NT will be put in by a health care provider called an **interventional radiologist** using sedation (medication to help you relax).



- Even with an NT, you may still pee as usual if:
  - › Urine is able to flow from your other kidney
  - › Some urine from the kidney with the NT is able to flow

## **Why do I need an NT?**

- You may need an NT if urine cannot flow normally from your kidney(s) to your bladder.
- This can happen if:
  - › Your ureter is blocked (because of a kidney stone, scar tissue, or a tumour)
  - › Something is compressing (pressing on) your ureter
- The NT drains your urine safely. This helps:
  - › Relieve pain
  - › Prevent infection
  - › Protect your kidney from damage until the blockage or compression can be treated

- You may also need an NT for some procedures, like a **percutaneous nephrolithotomy (PCNL)**. This is surgery to remove kidney stones. During this surgery, the surgeon uses the NT to access your kidney.

## Caring for your NT

- A nurse will show you how to care for your NT before you leave the hospital. They will teach you how to:
  - › Keep the area around the NT clean
  - › Secure the NT so it does not move around
  - › Manage the drainage bag
- Your health care team can arrange home care services to help you with regular dressing changes, monitoring, and NT care.

### To care for your NT:

- › Keep the insertion site (where the tube enters your body) clean and dry.
- › **Wash your hands before and after touching the NT or the drainage bag.**
- › Each day, gently clean around the NT with mild soap and water. Pat the area dry with a clean towel. **Do not** rub.
- › **Do not** put lotions or powders on the area.
- › Secure the NT. Use tape or a dressing to keep the NT in place and prevent pulling or twisting.

## Drainage bag tips:

- Always keep the drainage bag below your kidney. This helps urine flow freely and prevents backflow that could cause infection.
- Empty the drainage bag when it is about half ( $\frac{1}{2}$ ) full.
- Record the amount and colour of the urine (if your health care team has asked you to).
- Clean the drainage bag each day with a mix of vinegar and water or a bag-cleaning solution.
- Keep an extra drainage bag and supplies on hand.
- **Do not** let the NT kink or bend. These can block urine flow.

**Do not** try to remove or move the NT yourself. If it comes out or stops draining, cover the site with a clean dressing and call your urologist or your health care provider right away.

## Activity

- You may take a shower 24 hours (1 day) after your procedure, unless you are told otherwise.
- **Do not** take a bath, swim, or go underwater with the NT in place.
- Wear loose, comfortable clothes to help avoid bothering your insertion site.

**For 7 days (1 week) after your procedure:**

- › Avoid strenuous (hard) activity (like shovelling, vacuuming, or sports)
- › **Do not** lift anything heavier than 10 pounds
- › **Do not** stretch your abdominal area

**Call your primary health care provider (family doctor or nurse practitioner) or urologist if:**

- › The NT comes out or moves
- › Urine stops draining or backs up into the tubing
- › No urine is collecting in the drainage bag for more than a few hours
- › You have a fever (temperature above 38 °C or 100.4 °F) or chills
- › You have pain, redness, or swelling around the insertion site
- › There is blood or urine leaking from the insertion site
- › Your urine is cloudy, smells bad, or is very bloody
- › You have pain in your back, side, or abdomen that suddenly gets worse
- › The drainage bag fills quickly with bright red blood

**If you cannot reach your primary health care provider or urologist, go to the nearest Emergency Department right away.**

## **Follow-up care and tube changes**

- The NT needs to be changed about every 3 months. This helps to:
  - › Keep the tube clean
  - › Prevent infection or blockage
- Your NT will be changed by an interventional radiologist. It is a short procedure.
  - › You will likely have local anesthetic (freezing)
  - › The new NT will be put in through the same opening in your skin
- Your health care team will tell you when to book your NT changes and who to call if you have any problems.
- Always keep your follow-up appointments so your health care team can check your kidney and NT regularly.

# Notes:

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This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

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[www.nshealth.ca/patient-education-resources](http://www.nshealth.ca/patient-education-resources)

Connect with a registered nurse in Nova Scotia any time:  
Call 811 or visit: <https://811.novascotia.ca>

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