

ALBUQUERQUE UROLOGY ASSOCIATES, P.A.

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ABQ: 610 Broadway Blvd. Albuquerque, NM 87102
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DISCHARGE INSTRUCTIONS PERCUTANEOUS NEPHROLITHOTOMY (PCNL)

PCNL is the process of looking, with a medical telescope, into the kidney and the tube (ureter) that carries urine from your kidney to the bladder and removing a stone or multiple stones. A nephrostomy tube (PCN) is an artificial implant that is placed inside a patient's renal pelvis and ureter. It helps drain urine from your kidney and promotes healing following a PCNL.

Diet: May resume regular diet as tolerated.

Activity: Quiet activity today and then resume normal activity as tolerated. No heavy lifting or exercising while the stent is in place.

Bathing: You can use shower when fully recovered from anesthesia. You can get the tube (PCN) wet, however, do not put the area directly under a shower head or submerge the area in a bathtub or swimming pool.

Post Operative Care: Drink plenty of fluids avoiding caffeinated drinks, spicy foods, and alcohol. Avoid strenuous activity. You may have bladder spasms throughout the day at any time. Flank pain (back pain) is common. It may feel like a dull ache or back spasm. You may feel pain in your kidney when urinating. Be careful engaging in activity that can harm yourself and others (e.g. driving or operating heavy machinery). Blood in your urine is also common could be light pink to cherry color. You may pass stone debris and small blood clots. Sometimes your PCN will drain all the urine from both kidneys and thus you only have urine in your nephrostomy bag.

Medications:

- Lortab** (5, 7.5, 10 /500) mg one tab by mouth every 6 hours as needed for pain
- Percocet** (5, 7.5, 10/325) mg one tab by mouth every 6 hours as needed for pain
- Pyridium** (100, 200) mg one tab per mouth every 8 hours for dysuria (burning)
- Cipro** (250, 500) mg one tab per mouth twice a day
- Ibuprofen** (400, 600, 800) mg by mouth every 6 hours with food for pain (use Ibuprofen first and if you still have breakthrough pain use your narcotic prescription)
- Other: _____

Follow-up Studies:

- KUB XR** [flat plate x-ray of abdomen that includes a picture of your kidneys, ureters and bladder] Obtain film a few days prior to your follow-up office visit. Bring the film with you to office.
- Other** _____

Follow-Up Appointment:

- You have an appointment on _____ at _____ a.m./p.m.
Date Time
- The office will call with your follow-up appointment date and time. *(Please call my assistant if you do not hear back from us 7 business days post operatively).*
- (New Patients)* Please call our office for a follow-up appointment within 2 weeks unless otherwise instructed.

Please notify our office for any signs or symptoms of infection, such as fever (>101), chills, nausea, vomiting, or feeling ill. Call if you have bright red continuous bleeding, pain not controlled by your prescriptions, or retention of urine. Please report any abdominal or back pain. My assistant, Shelly can be reached during business hours at 505-242-3991 x2026.

Warning: A nephrostomy tube is not a permanent implant and must be managed by your urologist. It is safe if used for short durations (less than 3 months). It can cause significant harm to your urinary system if you fail to have proper medical follow-up.

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PERCUTANEOUS NEPHROSTOMY (PCN) TUBE CARE INSTRUCTIONS

To aid with draining, a nephrostomy tube has been inserted into your kidney through the back. This tube is called a nephrostomy. The catheter is placed in an exact position for continuous drainage.

The following guidelines for skin care are intended to keep your skin comfortable and in good condition.

Change your dressing as needed if it becomes wet or soiled. If the dressing is dry, change it every three days. Expect some color or redness of the urine on and off as long as the tube is in place. This coloration or the occasional small clot is normal and does not require a phone call to your doctor.

Supplies you will need (all should be available from your local pharmacy): Tegaderm or Silk tape, scissors, 4 inch x 4 inch sterile gauze or drain sponges, 10 cc Saline flush syringes.

Procedure

- Wash your hands
- Remove the dressing carefully without displacing the catheter.
- Cleanse your skin with warm soap and water. Rinse and dry completely (pat the area dry). Can be done in a shower.
- Fold 2 of the 4x4 gauze dressing in half. Place one folded 4x4 to the right and the left of the nephrostomy tube on the skin. Place a third unfolded 4x4 on top of the nephrostomy tube covering each of the folded gauze dressings. Apply silk tape to cover area. Use only enough tape to hold the dressing in place. This will help your skin.
- Disconnect your nephrostomy tube from the drainage bag. Attach a 10ml NSS syringe to the open port. Gently empty the syringe by flushing into your kidney. Do this at a rate of 1ml every 2 seconds (10ml flush = 20seconds). Do not force. Stop if this causes pain.
- Replace the drainage bag.

Shut off protocol

The shut off protocol prepares your urinary tract for the eventual nephrostomy tube removal. You should have a stopcock valve located at the end of your nephrostomy tube. There are usually two or three positions ("ON", "OFF" and "BYPASS or DRAINAGE"). "ON" allows your tube to drain. "OFF" does not allow drainage. "BYPASS or DRAINAGE" allows a third connection, like a syringe, to be attached without opening the system (this may or may not be used).

- _____ turn the tube from "ON" to "OFF"
- _____ Call 505-242-3991 to give us an update on how your feeling
- _____ Your nephrostomy tube will then be removed at
- Presbyterian Radiology Lovelace Radiology OFFICE

My assistant will make arrangements for you PCN removal (call 505-242-3991 x2026).

If you start experiencing pain, fevers or leakage around the nephrostomy tube during the "shut off" period open the tube by moving the valve from "OFF" to "ON". Call to office to discuss your plan.

**DISCHARGE INSTRUCTIONS
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A COPY OF THIS FORM WAS GIVEN TO PAIENT ALONG WITH APPROPRIATE PERSCRIPTIONS. DISCHARGE INSTRUCTIONS WERE EXPLAINED. ALL QUESTIONS WERE ANSWERED. THE PATIENT (AND/OR FAMILY) UNDERSTANDS THE IMPORTANCE OF PROPER FOLLOW-UP.

This document is an official patient record. Please place in the chart.

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Discharge Summary Percutaneous Nephrolithotomy

Patient Label :

Date of Procedure: _____

Diagnosis: _____

Procedure: [Nephrostomy stent placement : Left, Right, Bilateral]

- On _____ the patient will turn off their nephrostomy tube
- On _____ the patient should call to update the office how they are feeling.
- Notify Intervention Radiology that the patient needs to be scheduled for an **antegrade pyelogram with nephrostomy tube removal** On _____
- The patient will have the nephrostomy tube removed in the office on _____
- OTHER:** _____

Medications (patient was given Rx at discharge)

- Lortab (5, 7.5, 10 /500) Percocet (5, 7.5, 10/325)
- Pyridium (100, 200) Cipro (250, 500) mg
- Ibuprofen (400, 600, 800) mg
- Other: _____

Follow-up Studies: [Attention Albuquerque Urology Schedulers]

- The patient needs to be scheduled for the following study
 - CT Scan abdomen and Pelvis (stone study – no IV or PO contrast)
 - CT scan abdomen and pelvis with IV contrast
 - KUB XR Chest XR Renal US Renal and Bladder US
 - IVP Whole Body Bone Scan Renal Flow Scan (Renogram)
 - CBC BMP BUN/Cr UA

The patient was discharged with the above orders for follow-up

Follow-Up Appointment: [Attention Albuquerque Urology Schedulers]

- Patient needs to be scheduled for follow-up appointment in _____ week.
- Schedule patient for an office cystoscopy with stent removal in _____ weeks.

Patient has an appointment on _____ at _____ a.m./p.m.
Date Time

Scheduled by: _____ Date : _____