Healthier Lancashire & South Cumbria

Interventional Radiology Working Group

Urology IR Pathway (Out of Hours)

Insertion of Nephrostomy Tube

1. **Key Conditions / Procedures**

Nephrostomy tube insertion is a key IR procedure that may need to be undertaken "Out of Hours" (OOHs). However the patients transferring to ELHT or LTHT OOHs should only be those that cannot wait until the start of the next working day for treatment. These will usually be patients who require drainage because of sepsis.

The default position for drainage of obstructed infected upper tracts with / without renal impairment should be by a retrograde route. Patients should be transferred to ELHT or LTHT for insertion of nephrostomy tube by an Interventional Radiologist only if they cannot have retrograde ureteric stents inserted due to the presence of obstructive tumour obscuring ureteric orifices or there has already been failed retrograde stent insertion due to stone or tumour.

2. Admission

- Case must be discussed by the referring consultant urologist with the consultant urologist on call at ELHT or LTHT prior to discussion with IR consultant*
- Consultant urologist on call at the referring hospital should discuss with IR consultant on call (prior to transfer)
- Address anticoagulant therapy and any clinical situations prior to transfer
- If patient meets the above criteria, the referring consultant urologist should arrange admission to urology ward at ELHT or LTHT under the care of consultant urologist on call (the admitting consultant urologist will inform the bed manager of pending admission)

3. IR Procedure

- Plan to undertake procedure at appropriate time
- The patient must have a suitable ward to return to and bed availability will need to be confirmed prior to the commencement of the procedure.

4. Post-Operative

- Post-operative care on urology ward.

5. Repatriation

- Repatriate to referring trust within 24hrs once clinically stable
- All further treatments should be undertaken in the referring trust as appropriate

*The purpose of conversation with the surgeon is:

- To consider whether the patient is fit for transfer
- To consider whether appropriate surgical options have been explored and that IR is appropriate
- To make surgeon aware re the possibility of complications post procedure

NB This is a guideline – treatment decisions should always be made based on clinical presentation and expert assessment.

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