

Nephrostomy

Nephrostomy is one of the options for urine diversion. A nephrostomy catheter is similar to a regular urinary catheter, only it is inserted into the pelvis instead of the bladder. It is introduced by puncturing the renal pelvis through the skin, muscle layer and parenchyma of the kidney. A nephrostomy can be permanent or temporary.

Indication

Nephrostomy is most often performed in case of suprav vesical obstruction of the urinary tract (stone, stenosis, tumor). Also as preparation of the channel for endoscopic procedures (percussion stone extraction - PEK) or imaging methods (antegrade pyelourethrography).

Contraindication

Coagulopathy is an absolute contraindication. The relative ones include kidney tumors, severe obesity and spinal scoliosis.

Execution

Nephrostomy is performed under local anesthesia, sometimes under analgosedation or general anesthesia. The procedure is most often performed under sonographic control, but it is also possible under CT. First, the hollow system is punctured with a needle, and then the channel is widened, and finally a nephrostomy catheter is inserted. It is fixed in the correct position with a balloon, similar to a urinary catheter, and often with a stitch to the skin.

Aftercare

Hygiene around the nephrostomy is important, otherwise there is a risk of introducing an infection. The nephrostomy must be replaced depending on the catheter used. In the case of a malfunctioning catheter, we always first check whether the catheter or the collection bag is not kinked. If the nephrostomy falls out, a new one can be introduced through the channel, often, especially for a long time delay, it is necessary to introduce a new puncture nephrostomy.

Links

Related articles

- bladder catheterization
- Insertion of permanent urinary catheter
- Epicystostomy

References

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