Percutaneous Nephrostolithotomy Discharge Information

After the procedure:
It is typical to go home with a nephrostomy tube coming out of your back. It is attached to a drainage bag which you will be instructed on its use before you are discharged. It is common for the urine from this tube to be bloody. It will clear with time. It is important to keep a dressing over the tube so it does not “get snagged” and accidentally pulled out. There may be some drainage from around this tube. It is generally because the tube is smaller than the incision/“hole” that your surgery was performed. It is normal for the dressing to get saturated and it can be changed with 4x4 gauze pads and tape. Feel free to do this as needed.

Your urologist may have you obtain an X-ray (either KUB or CT scan) before your follow up appointment. If it is a plain X-ray (KUB), please ask the radiology department to give you the full sized film (not the CDROM) of this study. If it is a CT scan, please bring the study on a CDROM. You will need to ask for this the day the study is performed.

Typically, you will either show up for the follow up appointment to have the tube removed or go to the radiology department and have a “nephrostogram” or X-ray with dye through the tube before your appointment. If this is done, please bring this nephrostogram study to the office on a CDROM. Again, you will need to request it be given to you at the time of the study. Your urologist will tell you what he wants you to do. If it has not been discussed, please call and ask.

Pain control:
You will generally be given a prescription for a narcotic. Do not drive or do anything dangerous if you are taking narcotics. Often, extra strength Tylenol or Motrin will give excellent pain relief. Narcotics can cause constipation. If this occurs, take whatever works for you. Milk of Magnesia, prune juice, Miralax, Dulcolax or Magnesium Citrate are a few options.

Blood thinners:
If you are on a blood thinner such as Aspirin, Coumadin, Plavix, Pradaxa, Effient or any other blood thinner, please ask your physician when it is safe to restart these medications. If you have a cardiac stent, often Aspirin is continued postoperatively and it is essential that you discuss continuing/going back on any of these medications with your urologist, primary care physician and/or cardiologist.
Activity:
It is recommended not to lift more than fifteen pounds for four weeks. You can walk on a treadmill after two weeks but do not run or do heavy activity. If it hurts, don’t do it.

Food:
Eat what you feel like. Sometimes after surgery people are not hungry or don’t eat much. As long as you are able to eat/drink without nausea or vomiting, this is fine. Start slowly.

Fever:
Call if there is a fever over 100 degrees.

Driving:
Do not drive if you are taking narcotics. Ideally, wait 5-7 days to drive. We just want you to be sure you will not be in pain and have an accident, hurt yourself or anyone else. If you question the ability to drive, wait until you are comfortable that you can safely drive.

Follow up:
Please call the day of surgery or the next business day to arrange an appointment in one week.

If you have any questions or concerns, please call for further Information/instructions.

Sincerely,

Urologic Specialists of Northwest Indiana