Healthier Lancashire & South Cumbria

Interventional Radiology Working Group

Urology IR Pathway (In Hours)

Insertion of Nephrostomy Tube

1. **Key Conditions / Procedures**

Nephrostomy tube insertion is a key IR procedure that may need to be undertaken as an emergency in and out of hours. There are also a cohort of patients that will require "semi-urgent" IR intervention and appropriate provision for these patients needs to be considered as part of the in hours emergency pathway.

There may be in hours cover at BTH and UHMB from an IR available locally. However there is no IR emergency rota at these 2 trusts and cover is single handed, so if no-one is available locally to undertake immediate intervention if required or "semi-urgent" intervention within an appropriate timescale, the patients should be transferred to ELHT or LTHT.

Patients transferring to ELHT or LTHT should be those that require immediate intervention and those that require "semi-urgent" planned IR intervention in hours. Immediate intervention will usually be required for patients who require drainage because of sepsis. The "semi-urgent" group more commonly have a blocked system and gradually worsening renal function.

When intervention is required, the default position for drainage of obstructed and / or 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.