

 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGGO-0510-01-09-(E)
		Last Review Date	Jan 2017
	<b>Subject</b>	Next review date	Jan 2020
	Discharge information for patient having Percutaneous Nephrostomy (PCN)	Approved by	Gynae-Oncology Team, QMH
		Page	Page 1 of 1

## Discharge Information for Patient Having PCN

### Introduction:

Due to the obstruction in kidney or urinary tract, radiologist will insert a fine and soft drainage tubing to the obstruction site through the skin of loin area. Urine will be drained to a urine bag via the tubing to relieve the obstruction problem. This procedure can help to prevent pain, infection or kidney damage. PCN will be kept in body for a period ranges from a few weeks to a few months. Even though urine will be collected in a urine bag, you may still be able to urinate as usual. If drainage has to be continued, doctor will arrange the PCN renewal within 3-4 months.

### Points to note after discharge:

#### Nutrition

- A balanced diet is recommended. 6-8 glasses of water should be drunk everyday

#### To avoid dislodgement of PCN

- Avoid vigorous exercise and lifting heavy objects
- Put on loose clothing to avoid PCN tubing from twisting or kinking
- Check dressing everyday to make sure PCN tubing is in-situ

#### Handling of urine bag

- Keep Urine bag below waist level. Make sure the drainage is patent. Beware of obstruction or backflow of urine
- Wash hand before and after handling the urine bag
- Empty urine bag every 4-6 hours. Swab the opening by alcohol pads before and after emptying the bag
- Change urine bag if it is damaged
- Measure & record the volume and color of the urine from the urine bag

### Handling of PCN site:

- Community nurse will have home visit for changing the dressing twice a week and the urine bag once a week
- Change dressing immediately if it is loosen or contaminated

### Special remarks:

Seek medical advice if the following conditions arise

- PCN is dislodged. Do not try to reinsert the PCN tubing. Cover PCN site by sterile gauze
- Persistent fever (> 100°F / 38°F)
- Hotness / pain / redness / swollen found at PCN site and fluid leaks out
- There is no, decrease or abnormal PCN output
- Urine is turbid, blood-stained or smelly