Interventional Radiology

Genitourinary (GU) Intervention

What is a GU intervention?
Your child has been referred to the interventional radiology (IR) department because he or she has a blockage in the urinary tract from the kidney to the bladder. Our interventional radiologist will open up the urinary tract, create a different path for urine to pass from the kidney to the bladder, or place a tube through the skin to drain urine. The most common GU interventions performed by our interventional radiologist are:

- **Nephrostomy tube.** This is a tube that leads from the kidney to outside the body. It drains urine directly from the kidney to a collection bag.
- **Nephroureterostomy tube.** This is a long tube leading from outside the body, through the kidney, down the ureter and into the bladder. This allows urine to pass freely from the kidney to the bladder or to be collected in a bag outside the body.
- **Double J ureteral stent.** A double J ureteral stent is a plastic tube that passes through an obstructed ureter. It allows urine to pass freely from the kidney to the bladder.
- **Suprapubic catheter.** This catheter leads out of the body from the urinary bladder. It allow urine to drain from the bladder into a collection bag.

How do we perform a GU intervention?
IR allows placement of GU tubes and stents through a tiny incision. The interventional radiologist uses live imaging (X-ray or ultrasound) to guide the tube or stent precisely to the correct location. The GU intervention normally takes about an hour, including any sedation or anesthesia your child may need. The process includes the following steps:

- Your child is given a sedative or put to sleep and monitored closely by an anesthesiologist.
- The interventional radiologist guides a needle to the proper location and injects dye to make this area more visible through imaging.
- The interventional radiologist guides the GU tube or stent into place.
- Your child is taken to a recovery room to wake up.

What happens after a GU intervention?
After your child awakens, he or she will be taken to a regular hospital room for care and observation. Expect a stay of at least one night. If your child has a nephrostomy tube, the nurse will show you how to care for the place where the tube comes out of your child’s body. Your child will have some pain, so he or she may be given pain medication.

Every three months, your child must come back to have the old nephrostomy or suprapubic tube exchanged for a new one. This is a simple procedure that may not require sedation. The procedure allows the doctor to examine the site of the tube and reduces the chance of clogging or infection.

What are the risks of a GU intervention?
Sometimes a child has bleeding where the nephrostomy or suprapubic tube comes out of the body. Rarely, infection can happen or a child may be allergic to the dye used by the radiologist to see clearly inside the body. With a nephrostomy or suprapubic tube, there is small risk of damage to the kidney or urinary bladder.
What if I have more questions?
Bring questions with you when you come to your child’s appointment. The interventional radiologist will be happy to answer questions and help you feel comfortable with the care your child is receiving.