GUIDELINES FOR ACUTE MANAGEMENT OF FIRST PRESENTATION OF RENAL / URETERIC LITHIASIS
(Excluding Pregnancy)

ACUTE / NON ACUTE

History / Examination: N.B. Exclude Abdominal Aortic Aneurysm, UTI.

Initial Investigations: KUB X-ray - 60% stones visible on plain film.

Urinalysis – presence of dipstick / microscopic haematuria supportive of clinical diagnosis in presence of inconclusive KUB X-ray. Presence of nitrites suggestive of UTI.

FBC, U&E – mandatory especially in presence of pyrexia and / or single functioning kidney.

Imaging: Non - Contrast CT (NCCT)

Within 24 hours if acute presentation and to confirm diagnosis For planning of treatment if stone confirmed on KUB. >99% stone identification on NCCT.

ACUTE MANAGEMENT

Analgesia: NSAID i.e. parenteral / oral Diclofenac (Voltarol) for acute presentation, oral for non-acute. Unless contraindicated by PMH e.g. gastritis / peptic ulcer, renal impairment.

Opiates + anti-emetic.

Alpha adrenergic blockers may aid ureteric stone passage.

Serum Calcium / Urate: Mandatory basic metabolic studies.

Renal Drainage: Required in presence of: Sepsis / infected obstructed kidney.
(Nephrostomy / Stent) Single functioning kidney.

Intractable pain.

Emergency Senior Urological referral to determine if disobstruction required and method / timing of renal drainage.

Reference:

i-Refer Guidelines: making the best use of radiology v.7.0.1 Royal College of Radiologists, 2011.

First published 2008, reviewed 2012
Next review date 2015
Suspected Ureteric Colic

Imaging

Non-Contrast CT scan

Diagnosis confirmed

Symptoms resolved / minimal
Discharge
Oral analgesia if required
Refer to Urology man

Pain controlled
No signs of sepsis
Provide parenteral / oral analgesia
Admit
Refer to Urology man

Symptoms / Obstruction

Pain not controlled
Signs of sepsis
Single kidney

Diagnosis not confirmed

Review CT / investigations for other pathology. Consider aortic aneurysm

Pain not controlled
Signs of sepsis
Single kidney

Refer to other speciality / discharge

Emergency Urology opinion

Discharge
Pain controlled
No signs of sepsis
Provide parenteral / oral analgesia
Admit
Refer to Urology man

Emergency Urology opinion