

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

Diagnosis not confirmed

Symptoms resolved / minimal

**Discharge
Oral analgesia if required
Refer to Urology mane**

Symptoms / Obstruction

**Pain controlled
No signs of sepsis**

**Provide parenteral / oral analgesia
Admit
Refer to Urology mane**

**Pain not controlled
Signs of sepsis
Single kidney**

Emergency Urology opinion

**Review CT / investigations for
other pathology. Consider aortic aneurysm**

Refer to other speciality / discharge