



GUIDELINES FOR ACUTE MANAGEMENT OF FIRST PRESENTATION OF RENAL / URETERIC LITHIASIS

(Excluding Pregnancy)

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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.
>95% stone identification on NCCT.

Intravenous Urogram (IVU)

Indicated if NCCT not available.

Contraindications: Contrast allergy
Diabetics on Metformin
Serum Creatinine > 200
Myelomatosis

Continue taking films until site of obstruction identified.

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.

Suspected Ureteric Colic

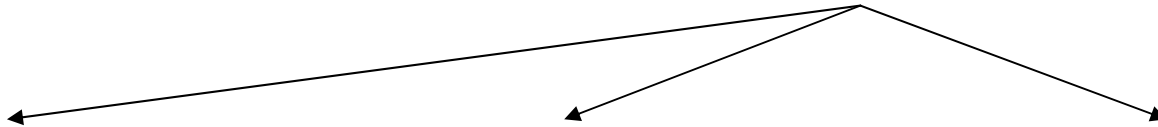


Imaging

KUB x-ray plus NCCT (Preferred) or IVU (If Creatinine < 200, for Creatinine > 200 or on metformin = NCCT)



Diagnosis 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**

Symptoms / Obstruction

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



Emergency Urology opinion

Diagnosis not confirmed



Consider aortic aneurysm



Refer to other speciality