

Renal Colic and Renal Stone Collection

Renal Colic important advice

You have been diagnosed with Renal Colic. This means you have a stone lodged in the ureter (the pipe between your kidneys and bladder). This stone will have caused you pain by blocking the drainage of urine from your kidney. The investigations that you have had, or which are planned, will allow the Urologists to locate the stone and assess how best to treat you. You may be discharged to allow time for your stone to pass. Details of your attendance will be passed to the Renal Stone Team who will be reviewing your investigations and will contact you by letter with follow-up arrangements.

If you are unsure about your follow-up arrangements please contact the Renal Stone Team Secretary - Tel: **(01323) 413703** - Please note this is not a dedicated hotline and is often busy with general urology enquiries. If there is no immediate answer, please leave a clear message stating your name, date of birth, hospital number (if known) and contact number.

Why must you collect your stone?

Many stones will pass of their own accord but you and the Urologists must know that this has happened. About one third of stones stop being painful but continue to block urine drainage, damaging the kidney. This is why you will be seen again in clinic after your initial assessment.

Long term obstruction of the kidney is dangerous and can cause problems many years after the original episode of colic. Stones need to be analysed to help prevent recurrence (approximately 50% of patients will have another stone within 10 years).

If you do not pass your stone then it will need to be treated either by shockwave treatment (ESWL = extracorporeal shockwave lithotripsy) or surgery (Ureteroscopy). ESWL is a procedure undertaken under light sedation in the out-patient setting. Whilst lying down a machine is pressed up against the loin area and small shock waves are directed at the stone using ultrasound or x-ray guidance. If surgery is advised you will usually have ureteroscopy under general anaesthetic. During this procedure a small telescope is passed along the urinary system to where the stone is impacted. The stone can be broken with a laser and the fragments removed. This is usually undertaken as a day case procedure, although patients with other medical problems or more complex kidney stone burden may require more complex treatment plans. Whatever treatment is recommended, you will have the opportunity to discuss alternative options, risks and outcomes with one of the clinical team.

If you pass your stone then you can be followed up in a dedicated renal stone clinic where further treatment or assessment is planned.

How to collect your stone

Your stone is tiny (probably less than ½ cm) and you may not notice it in your urine stream. Therefore you should urinate into a **clear container** (this makes it much easier to see any stone or sediment) and allow this to settle before looking to see if the stone is at the bottom.

If the stone is there retrieve it and put it in the provided specimen pot and give it to the urology team at your follow-up appointment. Please also inform the Renal Stone Secretary that you have passed the stone (01323 413703).

If you do not see a stone then the urine can be disposed of down the lavatory.

It is important to collect every specimen of urine since there is no way to predict when you will pass the stone. Tales of a surge of pain and the stone popping out are unfortunately not what really happens.

If you do not pass your stone

You should be reassessed within approximately one month of your initial presentation if you have not passed your stone. You will either have been booked directly for ESWL or surgery, or have a renal stone clinic appointment. If three weeks after admission you have not heard from the hospital regarding your follow-up plan then please contact us or your GP.

If you have worsening pain or develop a fever you should attend accident and emergency or contact your GP urgently.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Mr G M Watson, Consultant Urologist - Mr S J Mackie, Consultant Urologist

Next review date: December 2023

Responsible clinician/author: Mr S J Mackie, Consultant Urologist

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