UROLITHIASIS REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - UROLOGY • 100 BRICKHILL AVENUE, SOUTH PORTLAND, ME • (207) 773-1728

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Obstructing stone with

Fevers, chills, rigors, elevated WBC, infected urine

Intractable pain, nausea or vomiting

Signs of acute renal failure

Solitary kidney

Immunocompromise

SUGGESTED PREVISIT WORKUP

CBC, BMP, UA, Urine culture

Only if does not delay emergent transfer to emergency department

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Flank, abdominal, groin or genital pain that can be reasonably controlled with oral pain medications, and patient desires intervention

Any ureteral stone above 5 mm in largest diameter

If stone passage on observation with or without Medical Expulsion Therapy (MET) is not successful after four to six weeks

Incidentally found on imaging for other conditions and patient desires intervention

Stones discovered in work up of recurrent urinary tract infections

Bladder stones

Non obstructing stone in solitary kidney

Kidney stone in pregnancy

Patients with recurrent stone passage

Patients with known rare stones such as struvite or cysteine

SUGGESTED WORKUP

CT abdomen (preferred) or KUB or renal US

CBC, BMP, UA
Consider aAlpha blockers for ureteral stones, especially distal stones

Symptomatic pain and nausea control as needed

If patient pass stone, send stone for analysis

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Stones less than or equal to 5 mm in largest diameter where flank, abdominal, groin or genital pain, nausea and anorexia can be reasonably controlled with oral pain medications

Uncomplicated (i.e. do not have any of the criteria in the high and moderate risk columns)

SUGGESTED MANAGEMENT

CT abdomen (preferred) or KUB or renal US

CBC, BMP, UA
Symptom control and observation for up to 4-6 weeks if patient agreeable

Consider alpha blockers, especially in distal ureter

Offer reimaging to patients to verify passage of stones at 4-6 weeks or if stone movement will change management. Reimaging should focus on the region of interest and limit radiation exposure to uninivolved regions

If stone passed, send for analysis

If pain cannot be controlled, emergent signs develop or patient desires intervention, Consult Urology

CLINICAL PEARLS

- Majority of stones less than or equal to 5 will pass spontaneously, but these numbers refer to success rates at 6 weeks. Patients may or may not be willing to wait that long.
- Smaller asymptomatic renal stones, especially in the lower pole of the kidney may not need intervention, but a discussion of risk and benefits of observation vs. intervention is advised

Maine Medical PARTNERS

6/17