# 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

## **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

### **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 PREVISIT WORKUP

CBC, BMP, UA, Urine culture

Only if does not delay emergent transfer to emergency department

## 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

## 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

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.