Urology Department

Information for patients with Renal (Ureteric) Colic

You have been diagnosed with a kidney stone that has entered the tube (ureter) that drains urine from the kidney. After your assessment it is now safe for you to be discharged from hospital. This leaflet provides information on what you should do after you leave hospital, when to seek further medical advice and what follow-up will be arranged.

Background

What are kidney stones?

Kidney stones form when substances such as calcium become highly concentrated in the urine and form crystals. These crystals can join together to form hard stones in the kidney or the tube draining urine from the kidney (ureter).

How common are kidney stones?

Each year, 1-2 people in every 1000 will be diagnosed with a kidney stone. Approximately 1 in 8 men and 1 in 16 women will have kidney stones in their lifetimes. If you have had a kidney stone, there is a 1 in 2 chance that you will have another stone within five years.

What is renal (ureteric) colic?

When a kidney stone moves into the tube (ureter) that drains urine from the kidney it usually causes very severe pain. The pain occurs in spasms that may last from a few minutes to a few hours and may be felt in the back, side, groin, and even the genitalia.

You may sweat, feel sick, or vomit because of the intensity of the pain.
After hospital discharge

Why have I been discharged from hospital with a kidney (ureteric) stone that has not passed?

Although you still have a kidney stone in the tube (ureter) that drains urine from the kidney, it is quite likely that you will pass the stone without the need for any further treatment. You are undergoing a period of conservative management (observation) and will receive a follow-up appointment in the urology clinic to ensure the stone has passed.

Is the stone likely to pass by itself?

The chance of the stone passing without intervention will depend upon its size and its position. Nearly all small stones (less than 5mm) located in the lower ureter will pass spontaneously. Larger stones (5 to 10mm) and those situated in the upper ureter are less likely to pass by themselves but a period of observation is still worthwhile as some will pass and will not require treatment.

Does it hurt to pass the stone?

You may experience further pain as the stone moves or if it causes obstruction to the drainage of the kidney. However, once the stone has reached the bladder further passage and expulsion of the stone is usually painless.

How much fluid should I drink?

You should aim to drink two to three litres of fluid per day so that the urine appears colourless. If the urine looks yellow you should increase your fluid intake. Try to avoid too much tea, coffee, alcohol and fizzy drinks.

Should I sieve the urine to capture the stone?

Passage of the stone from the bladder is usually painless so it is advisable to sieve your urine to catch the stone if you pass it. If you do pass the stone please bring it with you to your urology outpatient appointment, as it will help to confirm that the stone has passed. The stone will be sent for analysis, as some stone types require specific management.

What should I do if the pain returns?

You will have been given some strong pain relief to take home from hospital and you should take this if your pain returns. If the pain is not controlled after one hour you should consider returning to the A&E department. Alternatively you may contact the urology specialist nurse for advice (see contact information below).

What should I do if I start to feel unwell?

If you develop symptoms of infection such as fever or uncontrollable shivering (rigors) you should return immediately to the A&E department. If your pain is poorly controlled or you have persistent vomiting you should also consider returning to hospital.
What follow-up will I have?

The urology team will review you in the outpatient department in two to four weeks after your diagnosis. If you have already passed the stone, please bring it with you so that it may be sent for analysis. If you have not seen the stone pass, you will require an X-ray, ultrasound or CT scan to determine whether or not the stone is still present. If the stone has not passed, the urology team will discuss further treatment options with you.

If you have not received an appointment date after three weeks, please contact the urology booking office (see contact information below).

What treatments are available if the stone does not pass?

There are a few options for treating kidney stones in the tube (ureter) draining urine from the kidney and there are many considerations when deciding the best treatment. These will be discussed with you in the urology outpatient clinic but include the following:

- **Ureteric stent** – A ureteric stent is an internal drainage tube that is usually passed from the bladder, through the ureter and up to the kidney under a short general anaesthetic. It bypasses the blockage but does not actually treat the stone and you will need a further procedure for this. A stent is often passed in an emergency situation, for example, if you have persistent pain or infection.

- **Extracorporeal Shockwave Lithotripsy (ESWL)** – This is a non-invasive outpatient procedure that involves using shockwaves passed through the skin and focussed to break the stone into small fragments that will pass naturally.

- **Ureteroscopic stone fragmentation / removal** – Under a short general anaesthetic, a telescope is passed through your urethra (water pipe) and into the ureter to the level of the stone. The stone is then broken, usually with a laser, into small fragments. Sometimes a temporary stent is inserted after the procedure.

How can I prevent further kidney stones?

Once you have formed a stone you are highly likely to do so again. To reduce the risk of this happening there are a few simple things you can do:

1. Drink plenty of fluids, monitoring the colour of your urine to keep it colourless; if it begins to look yellow you need to drink more.
2. Eat a low salt, high fibre diet with plenty of fresh fruit and vegetables and try to reduce your animal protein (meat and fish) intake.
3. Ensure adequate, though not excessive, calcium in your diet.

We will discuss stone prevention further with you when you visit the urology outpatient department.

Who should I contact if I have any questions?

If you have any questions regarding your treatment or management please contact the urology specialist nurse, on 07860 781828. If this is out of hours please leave a message and the urology specialist nurse will contact you at the first opportunity.
Contact Information

Urology specialist nurse 07860 781828
Urology specialist nurses office 01223 274608
Urology booking office 01223 274887

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

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