

When to go to the Emergency Department?

- ! Fever (greater than 38.5 C) or chills.
- ! Severe persistent pain not controlled by medication.
- ! Persistent nausea or vomiting.

Treatment of Stone Causing Colic

The type of treatment recommended for a stone(s) causing ureteric colic will depend on several factors, including your general health, the type, size, and location of your stone. In addition to the above mentioned medical treatment, other methods include Extracorporeal Shock Wave lithotripsy (ESWL), ureteric stent insertion, ureteroscopy, and percutaneous nephrolithotripsy. Your physician will counsel you about the best option(s) for your clinical situation.



Notes:

Follow up:

! Your follow-up appointment is on _____

in the Urology OPD clinic of Al Wakra Hospital.

To be seen by Dr. _____

Patient's sticker

Patient Education for Ureteric Colic



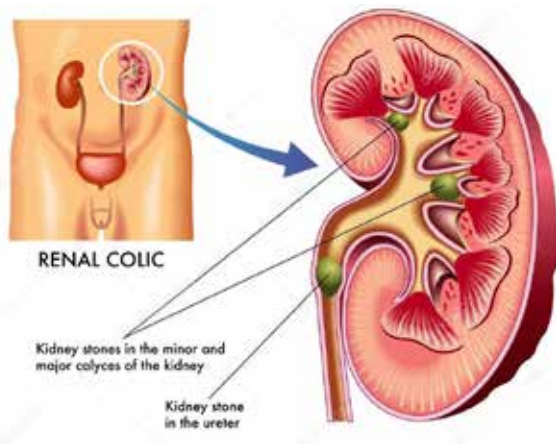
مستشفى الوكرة
Al Wakra Hospital

عضو في مؤسسة حمد الطبية
A Member of Hamad Medical Corporation



What is ureteric (renal) colic?

A kidney stone may cause severe pain requiring urgent attention. A kidney is found in each flank under the ribs. The kidneys play an important role in eliminating waste products from the body. These waste products normally remain dissolved in the urine as it passes from the kidney through its drainage system (calyces, renal pelvis, and ureter) into the urinary bladder.



Kidney stones are crystalline particles that form in the urine, often producing pain when they obstruct the urine drainage from a kidney.

Ureteric Colic Characters



When a stone obstructs the drainage of urine it causes pain which ranges from mild discomfort to severe cramping or stabbing pain that requires a visit to an emergency department. It may wax and wane in severity with episodes of pain lasting between 20 and 60 minutes. The pain occurs on the site of the stone but its precise location depends upon where the stone becomes lodged along the urinary tract. It often starts in the flank or lower back but it can also be felt in the lower abdomen, groin, genitals, or inner thigh. It may be associated with nausea, vomiting, and frequent or urgency in urination which may be painful.

The diagnosis of ureteric colic may be suspected by the pain experienced and supported by some urine and blood tests and imaging tests. A CT scan is the most common imaging used in the investigation of ureteric colic cases.

Management of Ureteric Colic:

Once the diagnosis of renal colic is made, efforts are made to control pain by various medications.

Many kidney stones are small enough to pass in the urine in a few days. Others may take several weeks to pass. Your physician can often predict the likelihood that your stone will pass on its own based on its size and location. Once the stone drops into the bladder the pain will quickly resolve.

Drinking plenty of water (2 to 3 liters per day) will encourage urine flow and may assist stone passage. Your physician may recommend using an oral daily medication called alpha-blocker (e.g. tamsulosin) to relax the muscle of the ureter and assist the stone's passage.

The majority of kidney stones cannot be dissolved. However, one form (uric acid stones) may occasionally disintegrate when the urine is made less acidic with medication (alkalinization).

General Instructions

- I It is important to try to collect any stone passed by using a stone filter so that the stone can be sent for analysis. This will help your physician to provide advice that might reduce the risk of further stone formation.
- I Activity: You can resume your work as early as possible. No activity limitations are associated with this condition, i.e. you can drive your car.
- I If you have recurrent stone formation, bilateral renal stones, or have had a urinary stone since early childhood, you should consult the stone clinic.