Overview

• You have been found to have a stone in your urinary tract and have been discharged home with pain relief and advice to drink plenty of fluids.

• We hope that your stone(s) will pass within the next few days and your symptoms will improve. However we have referred you to the stone (renal colic) clinic for follow-up in case the stone doesn’t pass out in your urine but persists. The clinic will contact you within the next couple of weeks to ensure your symptoms are improving.

• If your pain is worsening or unmanageable, you find you cannot pass urine or if you become feverish or otherwise unwell, please seek urgent medical attention.

• Once you form a stone in your urinary tract, you are more likely to form another one. Please review our leaflet on dietary advice for stone formers for advice to help reduce the chance of a recurrence.

General support

• For general medical advice please use the NHS choices website, the NHS 111 service, walk-in-centres, or your GP.

• NHS choices provides online health information and guidance www.nhs.uk

• NHS 111 phone line offers medical help and advice from trained advisers supported by nurses and paramedics. Available 24 hours a day. Calls are free from landlines and mobile phones.

• There are walk-in and urgent treatment services at Brighton Station, in Crawley and at Lewes Victoria Hospital. www.bsuhs.nhs.uk/services/ae/

• Patient Advice and Liaison Service (PALS) can be contacted with your comments and concerns, and to provide general support. PALS@bsuh.nhs.uk
  RSCH: 01273 664683.
  PRH:01444 448678
  PALS, Royal Sussex County Hospital, Eastern Road, Brighton, BN2 5BE

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Disclaimer: The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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Kidney stones can form within the urinary tract – within the kidney, the ureter (the tube draining urine from the kidney) or in the bladder. They can be many different sizes and shapes.

We don’t know why most kidney stones form. Most stones are made of calcium (a natural substance in our bodies). Some stones cause no problems but others cause pain and blood in urine.

Most kidney stones are small and pass out with the urine. Some stones become lodged in a ureter or kidney and cause persistent symptoms or problems. There are various treatment options to remove dislodged stones.

About half of people who have a kidney stone develop another one at a later time in their life. Drinking plenty of water each day may prevent a recurrence.

In some cases, a kidney stone causes no problems or symptoms. You may not be aware that a stone has formed. If symptoms do occur, they can include one or more of the following:

Flank pain  A stone that is lodged in a kidney may cause pain in your side.

Renal colic  This is a severe pain which comes and goes and may spread down into your groin. It is caused by the ureter squeezing a stone in your ureter, squeezing it towards the bladder. You may sweat or feel sick due to the pain.

Blood  You may see blood in your urine (urine turns red) caused by a stone rubbing against the inside of your ureter.

Infection  Urine infections are more common in people with kidney stones. Infections can cause fever, pain on passing urine and increased frequency of passing urine.

A blood test will be carried out to check the function of your kidneys and to look for infection.

A urine test will check for infection and the presence of blood.

A non-contrast CT scan of your kidneys, ureters and bladder may be done to view the size and location of the stone.

If the stone is less than 5mm it may pass out with the urine in a day or so. You should drink plenty of fluids to encourage a good flow of urine.

Strong painkillers are often needed to ease the pain until you pass the stone. You may be given medication to encourage the stone to pass such as Tamsulosin.

If the stone is larger or become lodged, causing persistent problems you may need further treatment, such as:

- Extracorporeal shock wave lithotripsy (ESWL). This uses shock waves focused on the stone from outside the body. You then pass out the tiny broken fragments of the stone in your urine.
- Ureteroscopy. A scope is passed into your bladder and ureter under x-ray guidance. A probe or laser is then used to break the stones down and take them out. A ureteric stent may be left in place. The procedure will be done under General Anaesthesia.
- Percutaneous nephrolithotomy (PCNL). This can be used for larger stones, via a thin telescopic ‘nephroscope’. An incision (cut) is made in your back and the scope is passed into your kidney. The stone is either pulled out or broken into smaller pieces using a laser.