

Renal colic



What is renal colic?

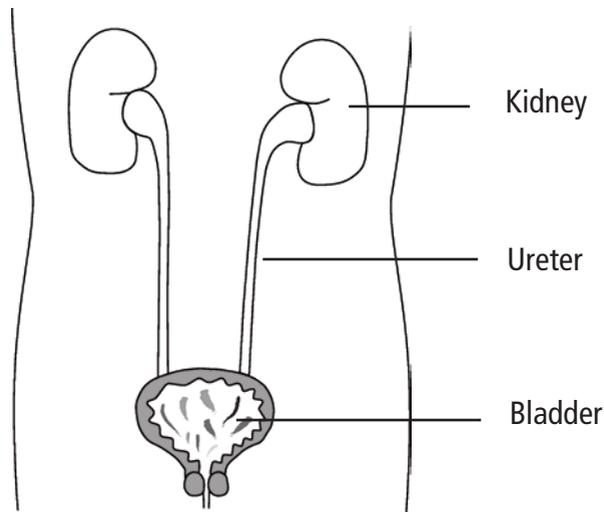
Renal colic is the pain caused by a stone (a crystallization of waste substances) passing from one of your kidneys. The pain is usually very severe and is often accompanied by nausea (feeling sick) and retching.

How is renal colic diagnosed?

You need tests to confirm that your pain is due to renal colic. Usually a CT is performed. Other tests that may be used are an ultrasound or an IVU. If you are known to suffer from kidney stones you may not need a CT with each attack.

The CT will show the size and position of the stone. It will also show how much the stone is blocking the flow of your urine.

You can ask your doctor to indicate on the diagram the approximate size and site of your stone.



How is it treated?

Treatment is initially aimed at controlling the pain. This is usually achieved with a drug called diclofenac. The first dose is often given by suppository. Further doses can be given by mouth or suppository. If the pain does not settle other drugs may be used, particularly while you are in hospital.

Usually, if the stone is less than 5 mm in size it will pass by itself. If your pain is controlled you should be able to go home.

You may need additional treatment if:

- your pain does not settle with painkillers
- your stone is obviously too large to pass
- there are other problems, such as a fever.

The most common treatment is to insert a J stent.

What is a J stent and how will it help?

A J stent is a small plastic tube inserted through your bladder under general anaesthetic. It sits alongside the stone, with one end curled up in your kidney and the other in your bladder. It allows the blocked urine to drain freely past the stone so that your pain is eased.

The J stent makes your ureter (the tube that joins the kidney to the bladder) relax so that the stone may progress naturally. It also makes it easier to remove the stone telescopically should that prove necessary.

The procedure may take up to 45 minutes, and you can usually go home the same or next day.

Are there any risks or complications?

All procedures have risks. The main risks with having a J stent fitted are those associated with general anaesthetic.

Some patients with stents may experience bladder irritation, discomfort in the loin and blood in the urine.

What happens next?

We will give you painkilling medication to take home. This is usually paracetamol and an anti-inflammatory (such as ibuprofen or diclofenac) (Voltarol) 25-50 mg, which you can take up to three times a day. If you are still in pain, it is better to take the medication regularly rather than wait for your pain to get too bad.

If this medication does not relieve your pain you will need to get in touch with your doctor for stronger painkillers. This is unusual.

Will I need another appointment?

If you have gone home without a stent, we will usually ask you to return to the clinic in four to six weeks' time for an X-ray. Hopefully, this will show the stone is moving, if you have not already passed it.

If you have gone home with a J stent fitted, we will put you on the waiting list to come into hospital to have the stent and the stone removed under a general anaesthetic.

Will I get further stones?

We will test your blood to check the amounts of calcium and urate present. This may be done in hospital or after you go home. If these levels are normal and you drink enough water, it is unlikely that you will form another stone. If you do form more stones, you will need further detailed tests.

What can I do to help myself?

The single most useful thing you can do to stop further stones from forming is to drink at least three litres of water a day.

Can I work if I have a stone causing renal colic?

If your pain is controlled, you can go to work so long as you do not have an occupation that would be dangerous for you or others if you were suddenly incapacitated by severe pain.

There are certain occupations that you should not do with an active stone, such as: being at sea, driving a commercial vehicle, piloting an aircraft or diving. If in doubt, consult your doctor.

Other questions?

We hope this leaflet has been useful. It is only a general guide. If you have other questions, please do not hesitate to ask a member of the nursing or medical staff.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the Patient Advice and Liaison Service (PALS) on 01872 252793

