

# RENAL CALCULI

## Pathology

- stones found in urinary tract & kidney
- most calculi originate in kidney
- can also be found in ureter & bladder
- some substances tend to precipitate in acid urine (**uric acid**), causing calculus formation. others precipitate in alkaline urine (**bacteria**)
- most common in white men & has high reoccurrence rate → typically diff dehydration, urinary retention (BPH)

## factors

- excess calcium (**most common**)
- ↑ Vit D (**typically made of Ca<sup>+</sup>**)
- ↑ protein / oxalate
- hyperparathyroidism
- altered urine pH (**norm**) 4-8
- ↑ uric acid
- bacteria (UTI)
- dehydration
- cystine

## SIS

- Pain! Severe dull flank
  - If stone lodges in ureter pain in abd that radiates to groin or perineum
  - hematuria (RBCs)\*
  - pyuria (WBCs)  
↳ stone moves down ureter & scrapes it
  - n/v

## diagnoses

- KUB: x-ray of kidneys, ureter, bladder
- IVP: intravenous pyelogram
- ultrasound or CT
- urine test

## treatment

- meds to control pain!!!
  - \*NSAIDs
  - \*opioid analgesics

↳ ↓ pain & inflammation making stone easier to pass
- strain urine: keep stones to send to lab to evaluate type of stone
- get them moving or frequently turning them
  - ↳ push stone forward & out: ↓ risk of infection
  - ↳ not bed rest!
  - ↳ never massage flank pain!
- ↑ fluids so urine doesn't become conc @ night!
  - 2L/day!
- \*limit protein, Na<sup>+</sup>, calcium, oxalate foods
  - \*oxalate foods: spinach, bran, rhubarb, potato chips, nuts, butter
- most calculi are passed spontaneously but other tx available
  - ① \*lithotripsy: shattering of stone with UV waves
    - after: ↑ fluids to remove stones
    - normal findings: bruising & pain, blood in urine
    - ~24 hours after procedure
    - not normal: fever/chills - **infection**
  - ② \*percutaneous nephrolithotomy: stone removed by incision made on back where kidneys are located
    - after: temporary nephrostomy tube & bag is in place → allows loose stone fragments to pass
    - ↳ drainage tube can get clogged with stone fragments
      - maintain tube patency! (unclogged) <sup>back up</sup>
      - irrigation of nephrostomy tube w/ sterile normal saline
    - ↳ report back pain! - clogging or infection