

STANDARD TREATMENT WORKFLOW (STW)

Renal and Ureteric Stones

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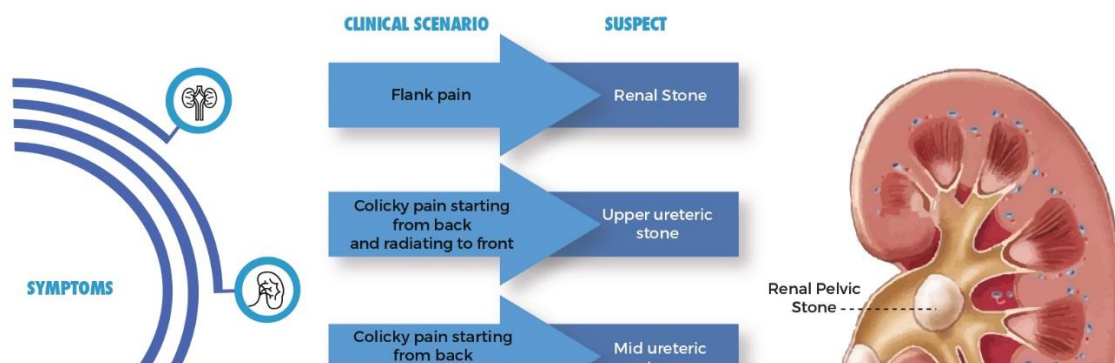
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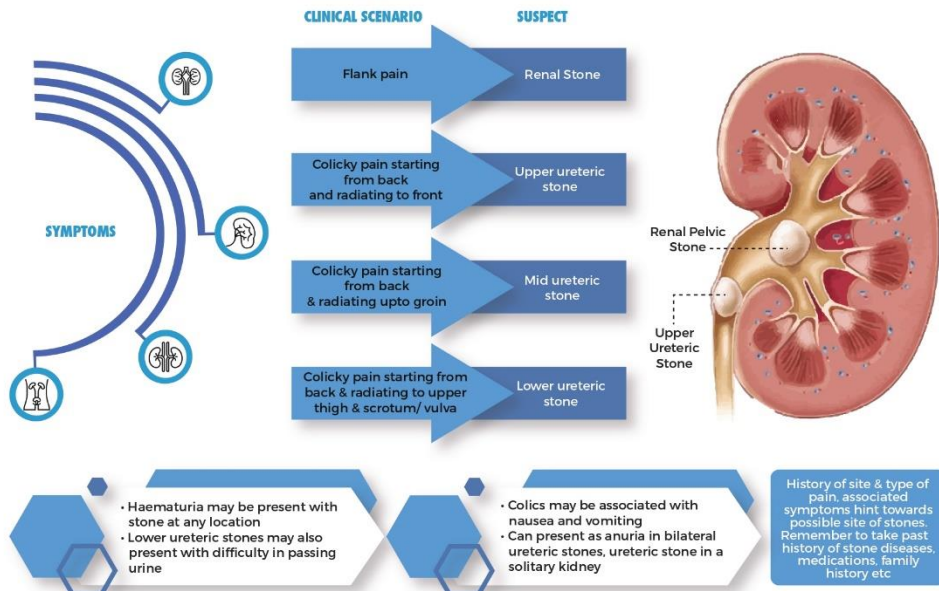
Standard Treatment Workflow (STW) for the Management of RENAL AND URETERIC STONES ICD N20.0

HOW WILL YOUR PATIENT PRESENT AND WHAT TO SUSPECT



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INVESTIGATION

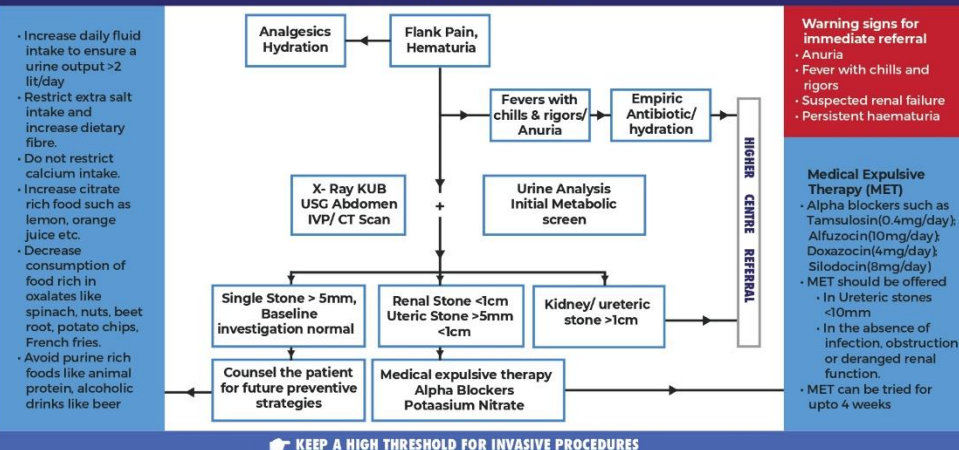
RADIOLOGY

NAME	ADVANTAGES AND DISADVANTAGES	TIPS FOR ORDERING INVESTIGATIONS
X-KUB	Readily available, inexpensive, minimal radiation but needs preparation hence may not be the preferred test in emergency settings	Order X-KUB and Ultrasound in all patients of suspected renal stones (90% of renal stones are radio-opaque).
USG	Readily available, no radiation, safe test in pregnancy , detects radiolucent stones, high sensitivity for hydronephrosis. Can miss a ureteric calculus	In acute colic NCCT should be preferred if available
IVP	Anatomical and functional imaging, aids in planning surgery but high radiation and needs preparation. Not useful in poor renal function	Once the stone is detected, get Intravenous pyelography if stone is seen on X-ray
CT Scan	No contrast required, highly sensitive and specific, detect radiolucent stones, detect other causes of flank pain, but risks higher radiation and cost	CT urography if stone is radiolucent to aid further treatment

METABOLIC EVALUATION



MANAGEMENT ALGORITHM



This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.icmr.org.in) for more information.

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