

Acute Stone Clinic: 1st and 3rd Mondays 8-11 AM, Urology Clinic, first floor UNMH

Criteria for Acute Stone Clinic

Potentially need urgent (within 6 weeks) surgical management

Patients meeting criteria for urgent not emergent (see below) management with ureteral obstructing stones, staghorn calculi or renal stones with serious complications/confounding factors requiring urgent management

Emergent decompression/evaluation is needed for sepsis, bilateral obstruction, renal failure, uncontrolled pain. These patients meet criteria for admission and stenting/nephrostomy tubes and **should not** be scheduled in acute stone clinic

Patients will be discussed with a resident or attending urologist on call to assess the acuity of care

All stone patients should have U/A and send culture if indicated, creatinine, renal imaging

Guidelines

Ureteral stones:

<7 mm: will be scheduled in 4-6 weeks with ultrasound, medical expulsive therapy indicated

>7 mm: will be scheduled in 2-4 weeks with no imaging, medical expulsive therapy optional but highly recommended

Staghorn Calculus: schedule in 4-8 weeks, ensure that the patient has CT abd/pelvis without contrast. Medical expulsive therapy not warranted

Renal stones with complicating factors requiring urgent surgical intervention: Medical expulsive therapy not warranted

<2 cm in size without staghorn morphology: 2-6 weeks (at the discretion of the urologist)

>2 cm or staghorn morphology: 2-6 weeks (at the discretion of the urologist) ensure patient has a CT abd/pelvis noncontrast

This clinic **will not** accept walk-ins, bladder stones, non-urgent upper tract urolithiasis, emergent patients or diagnoses other than urolithiasis as defined in this guideline

Please **do not** call the Urology clinic or centralized scheduling to schedule patients, you must call the urologist on call and he/she will schedule the appointment or direct you to the appropriate scheduler