

# KIDNEY STONE PATHWAY

This pathway is designed for management of incidentally detected, non-obstructing stones located in the kidney

The following patients should be referred to urology:

1. Young with first stone
2. Frequent kidney stone recurrences
3. Malabsorptive conditions
4. Anatomical variations

Nephrolithiasis identified on recent investigations or found incidentally

If CT has not been done, obtain a **non-contrast CT of the abdomen and pelvis** for accurate stone assessment

**Stone characteristics**

Single, **≤5mm**, non-obstructing stone  
OR  
Multiple punctate stones

Stone **>6mm**  
OR  
Multiple non-punctate stones  
OR  
Stone size not documented on radiology report

**RECOMMENDED**

**Counseling**

- Small (≤5mm) non-obstructing KIDNEY stones are unlikely to be the source of back/flank pain and other causes for pain should be excluded

**Provide reassurance**

- Small stones are typically managed through regular monitoring and measures to prevent further growth or new stone formation
- If these stones move to the ureter, there is a strong likelihood of spontaneous passage

**Promote stone prevention strategies:**

- Encourage 2-3L fluid intake per day to produce 2.5L of urine per day
- Encourage DASH diet and refer to dietician if appropriate
- Encourage physical activity and healthy body weight management

**Surveillance**

**PCP driven surveillance**

- Yearly imaging to assess for new stone formation (low dose CT abdomen or renal US)

**Stone growth trend**  
Now >6mm  
OR  
Increase in number of stones

No change

**OPTIONAL**

Patient desires urology consultation

Refer to urology (Non urgent)

