KIDNEY STONE PCP PATHWAY

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

Kidney stone(s) incidentally identified

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

If the patient has any of the following characteristics

- Young with first stone
- Frequent kidney stone recurrences
- Malabsorptive conditions
- Anatomical variation (ex: solitary kidney, ileal conduit, neobladder, ureteral stricture)

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)

No change

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

OPTIONAL

Patient desires urology consultation

Refer to urology (Non urgent)

MUSIC
Michigan Urological Surgery Improvement Collaborative