Kidney Stone Consultation Worksheet

Why your stone plan may take more than one step

Many stone referrals start with incomplete information. Symptoms can be vague, and an ultrasound or outside report may not show enough detail to safely choose surgery, observation, or a trial of passage.

At the first visit, we are trying to answer:

1. Is there truly a stone causing the problem?
2. Where is the stone, and is it blocking the kidney?
3. Is treatment needed now, or is observation reasonable?

Why imaging matters

CT stone protocol / CT stone hunt

This is usually the most useful test for stone planning. It is quick, noncontrast, and shows the stone size, location, blockage, other stones, and anatomy. Sometimes it is done prone (lying on your stomach) to help tell whether a stone is stuck in the ureter or has dropped into the bladder.

Outside images and reports

A written report is helpful, but your urologist usually needs to see the actual images. If imaging was done outside our system, please bring the disc/USB or image-sharing access. If we cannot review the images, we may need to repeat imaging in our system before making a final treatment plan.

Common kidney stone treatment pathways

Observation	Often reasonable for small, non-obstructing, asymptomatic stones - especially lower-pole stones. We watch with symptoms and imaging.
Trial of passage	For selected ureter stones that may pass. This may include Flomax, ketorolac/Toradol if safe, Tylenol #3 only for severe pain, fluids as tolerated, and follow-up.
ESWL	Shock wave treatment from outside the body. Best for selected stones that are visible, not too dense, not too large, and in a favorable location.
Ureteroscopy	A small camera is passed through the urinary tract. A laser breaks the stone and pieces may be removed or suctioned out. Most routine cases have a temporary stent, often on a string.
PCNL	A procedure through the back into the kidney, usually for larger or more complex stones or high stone burden.

Your likely next step

- ☐ Observation / follow-up imaging
- ☐ Trial of passage
- ☐ CT stone protocol / repeat imaging
- ☐ Bring outside imaging disc/USB
- ☐ MyChart follow-up after images are reviewed
- ☐ Procedure scheduling after plan is finalized

Go to the ER urgently for: fever or shaking chills, severe pain not controlled with medicine, persistent vomiting, inability to urinate, fainting/weakness, or feeling seriously ill. A blocked kidney with infection can become dangerous quickly.

General kidney stone counseling worksheet. Follow the specific plan from your urology team.

Lowering Your Risk of Future Stones

Simple nutrition and health habits that help most calcium stone formers

Most kidney stones in the United States are calcium-based. This usually does not mean you should avoid normal dietary calcium. The biggest preventable drivers are often dehydration and too much sodium/salt.

1. Make more urine

Drink enough fluid so your urine is pale yellow most of the day. Many stone formers need about 80-100 oz of fluid daily, and sometimes more with sweating or heat. A practical urine goal is about 2-2.5 liters per day.

2. Reduce sodium

High sodium makes the kidneys put more calcium into the urine. Try to limit fast food, restaurant food, chips, processed meats, canned soups, frozen meals, salty sauces, and large portions of packaged foods.

Keep normal dietary calcium

Normal calcium with meals can help bind oxalate in the gut. Do not start high-dose calcium supplements unless your doctor recommends them.

Watch oxalate only if needed

If urine testing shows high oxalate, you may be asked to moderate spinach, almonds, beets, rhubarb, dark chocolate, nuts, or large amounts of black tea.

Moderate animal protein

You usually do not need to become vegetarian. The goal is reasonable portions and more balance with fruits and vegetables.

Increase citrate naturally

Citrate helps stop crystals from forming. Lemon/lime water, citrus, fruits, vegetables, and lower sodium eating may help.

Limit sugary drinks

Try to limit regular soda, sweet tea, energy drinks, juice, sugary coffee drinks, and unnecessary sports drinks.

24-hour urine testing

This can personalize prevention for recurrent stones, multiple stones, bilateral stones, young first stone, large stone burden, or high-risk conditions.

Simple stone prevention checklist

- ☐ Keep urine pale yellow
- ☐ Reduce sodium
- ☐ Keep normal dietary calcium with meals
- ☐ Avoid extreme diets
- ☐ Moderate animal protein
- ☐ Add citrus if you enjoy it
- ☐ Limit sugar-sweetened drinks
- ☐ Complete follow-up imaging and urine testing if recommended

Big picture: Most prevention is not about one "bad food." It is about making the urine less concentrated and less salty over time.

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