

This guidance refers to both unilateral or bilateral loin pain.

Assessment

Consider

- Symptoms of infection
- Pain in keeping with musculoskeletal back pain
- Visible haematuria
- History of renal calculi

Examination

- Exclude abdominal/loin mass
- Exclude pulsatile mass (Abdominal Aortic Aneurysm)

Tests

- Urine dip +/- MSU
- FBC + renal function

Symptoms of pyelonephritis

- Loin pain and fever

If unwell refer as an emergency via Flow Centre

- Loin pain, fever AND under follow-up for stone disease

Refer as an emergency to on-call UROLOGY

Symptoms of renal colic

Unilateral pain and visible or non-visible haematuria

If pain uncontrolled with diclofenac, paracetamol and dihydrocodeine:

Refer as an emergency via Flow Centre. If proven stones and under follow up with Urology, refer to on-call Urology team.

If pain controlled, GP request imaging

- If known history of stones – Refer to Urology for review at Scottish Lithotripter Centre*
- If male - CTKUB
- "If female <40 - USS renal tract and pelvis**
- If female >40 – CTKUB

** Urology / SLC will arrange imaging tailored to the patient. CT KUB is not routinely necessary for these patients, who are at risk of a significant cumulative radiation dose as a result of repeated stone episodes.*

***Women <40 are less likely to have stones and more likely to have other pathology eg ovarian cysts*

If renal mass **Refer to Urology as Urgent Suspicion of Cancer**

If ureteric calculi or hydronephrosis on USS **Refer to Urology as Urgent**

If renal calculi **refer to Urology as Routine**

If normal investigations and persistent haematuria – **See haematuria guidelines**