

Renal Colic presentations are now aligned to the Lothian [Loiin Pain Pathway](#).

Patients will no longer be seen in Same Day Emergency Care (SDEC) for imaging reasons.

The Renal Colic pathway is as follows:

Patient presents with unilateral loin pain and visible or non-visible haematuria



Clinician queries Renal Colic clinically

Patients should undergo a F2F assessment – or have undergone a F2F assessment within the last 7 days regarding this issue to support referral.

Consider: symptoms of infection, pain in keeping with musculoskeletal back pain, visible haematuria & history of renal calculi. The patient should receive a Urine dip +/- MSU, FBC + renal function.



Pain **uncontrolled** with diclofenac, paracetamol and dihydrocodeine/ Oro morph

If patient's pain is **controlled**, request imaging:

- If known history of stones: USS renal + KUB x-ray
- If male: CTKUB
- If female <40: US urinary tract*
- If female >40: CTKUB

*Women <40 are less likely to have stones and are more likely to have other pathology e.g., ovarian cysts



Refer as an Emergency to on-call UROLOGY team

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**