

Protecting kidney function: trends, risks and kidney findings

Kidneys can lose substantial function without causing pain, so protecting them depends on tracking test results over time, controlling blood pressure and diabetes, relieving blockage and reviewing medicines. When a scan finds a kidney cyst or mass, the finding is classified carefully and decisions balance cancer control with keeping as much kidney function as possible.

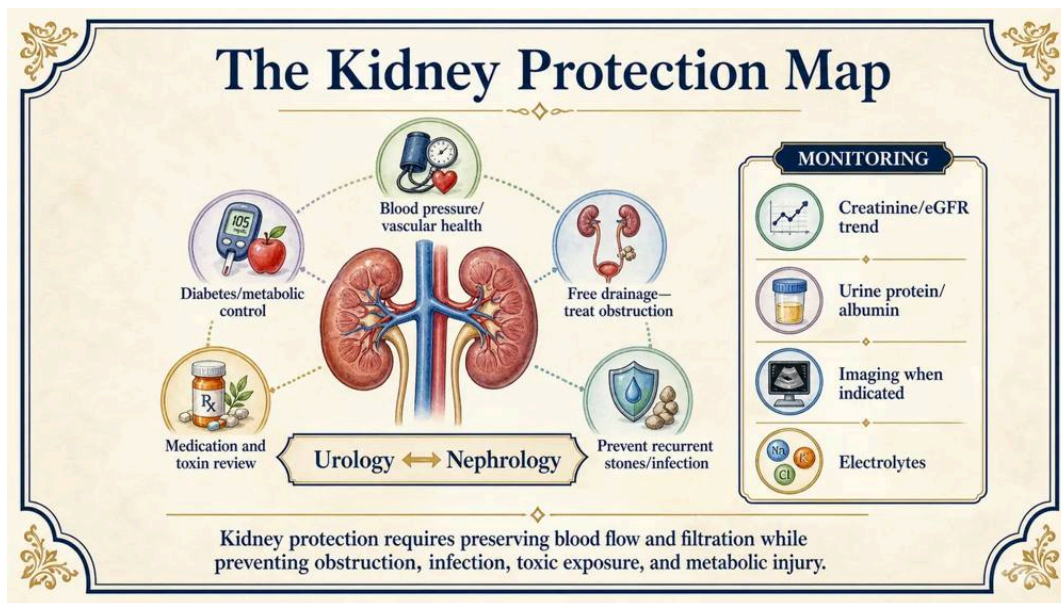


Figure 31.1. The Kidney Protection Map. Kidney protection requires preserving blood flow and filtration while preventing obstruction, infection, toxic exposure, and metabolic injury.

Key points

- Creatinine and estimated filtration rate are trends, not complete diagnoses.
- Urine protein or albumin shows kidney injury that imaging cannot.
- High blood pressure and diabetes are major drivers of chronic kidney disease.
- A medication tolerated for years can become risky during vomiting, diarrhea, fever or dehydration.
- Simple kidney cysts are extremely common and usually need no treatment.
- Urologists focus on drainage, stones, masses and procedures; nephrologists on filtration and kidney disease. Many patients need both.

Get prompt care if you notice

- A sudden change in kidney function over days
- Blocked urine flow or inability to urinate
- Fever with urinary infection or a known stone
- Dehydration from vomiting, diarrhea or poor intake, especially with limited kidney reserve
- Any of the above with only one kidney

Questions to ask your urologist

- Is the change in my kidney function acute, chronic or related to blockage?
- Should both a urologist and a nephrologist be involved in my care?
- Which of my medicines or supplements need review, especially when I am sick?
- If a kidney finding was seen, exactly how is it classified, and how certain is that classification?
- Would a biopsy change the plan, and how do surveillance, ablation and surgery compare for cancer control and kidney preservation?

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