

Kidney stones: when to worry, treatment and prevention

Kidney stone pain can be severe, but danger depends on infection, blockage, kidney function and whether you can stay stable, not on pain alone. After the episode, analyzing the stone and your urine chemistry turns “drink more water” into a prevention plan built for you.

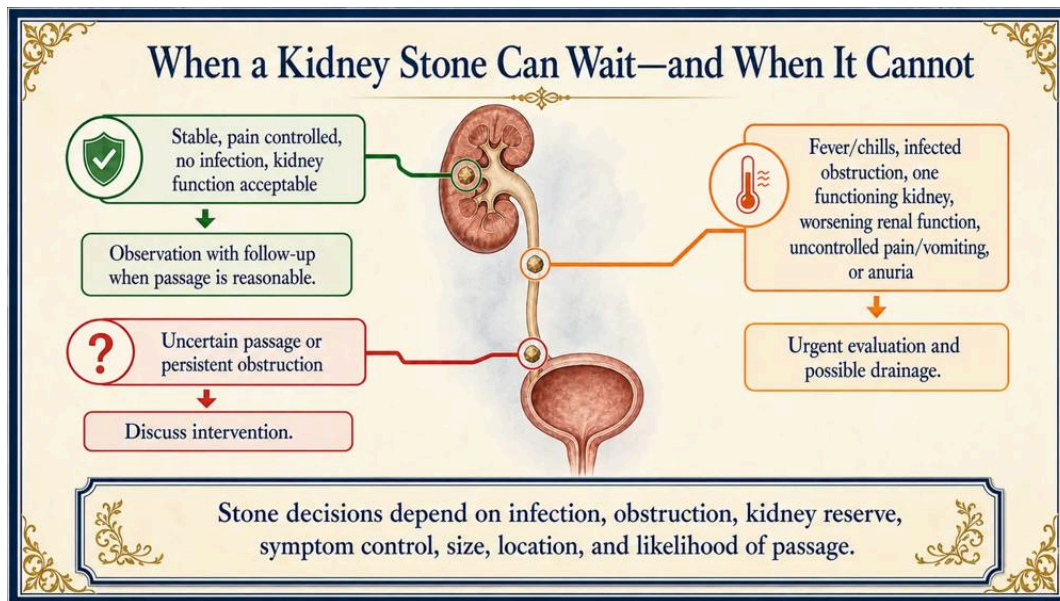


Figure 28.1. When a Kidney Stone Can Wait—and When It Cannot. Stone decisions depend on infection, obstruction, kidney reserve, symptom control, size, location, and likelihood of passage.

Key points

- Fever with an obstructed urinary system is an emergency.
- Pain relief does not always mean the kidney is draining; follow-up imaging or documented passage matters.
- Forcing excessive water does not push an obstructing stone through and may worsen pain.
- In an infected, blocked kidney, the first procedure may drain the kidney without removing the stone.
- Normal dietary calcium, taken with food, often helps; blanket calcium restriction can be counterproductive.
- Prevention is a feedback loop: measure, intervene, remeasure and adjust.

Get prompt care if you notice

- Fever or chills with flank pain or a known stone
- Uncontrolled pain or vomiting
- Little or no urine output
- A stone with only one functioning kidney or worsening kidney function
- Pregnancy with suspected stone symptoms

Questions to ask your urologist

- Does infection, blockage or threatened kidney function change how urgent my stone is?
- How likely is my stone to pass, and how will we confirm that it has?
- How do ureteroscopy, shock-wave lithotripsy and percutaneous removal compare for my stone?
- What type of stone did I form, and would a 24-hour urine test change my prevention plan?
- Which abnormality is my plan targeting, and when will we remeasure?

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