key points

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The overall lifetime risk of renal stone disease is estimated to be 8-10 per cent. The reported recurrence rate varies with the duration of follow-up, but is estimated to be at least 50 per cent. In the UK, approximately 75 per cent of renal stones are calcium based.

The lifetime risk of symptomatic renal stone disease is at least twice as high for men compared with women.

The classic clinical presentation of renal stone disease is acute onset, loin-to-groin colicky pain, renal angle tenderness, and haematuria. This presentation has a reported sensitivity of 84 per cent and specificity of 99 per cent.

Admission for urgent intervention is essential for patients with a suspected infected obstructed renal tract, anuria or renal failure, a solitary kidney or known non-functioning kidney, intractable pain or vomiting.

NSAIDs are established as a good alternative to opioids in providing analgesia, and are associated with less nausea and vomiting than pethidine.

Copious fluid intake reduces the risk and time to recurrence of calcium-based stones. Increasing fluid intake to at least two litres in 24 hours is supported by randomised clinical trial evidence.

A substantial reduction in dietary salt intake can reduce calcium excretion from the hypercalciuric to the normocalciuric range. A normal calcium intake is recommended.