

ESWL (LITHOTRIPSY) INSTRUCTIONS

You have just undergone a procedure known as Lithotripsy, or Extra-Corporeal Shock Wave Lithotripsy – ESWL) during which a stone or several stones in your kidney or ureter (the tube that carries urine from the kidney to the bladder) was fragmented with shock waves.

Depending on the size and the density of the stone this procedure is approximately 85% successful in fragmenting the stone. But even though the stone was fragmented, the fragments still have to pass down the ureter to the bladder. Once in the bladder nearly any size stone will be easily be passed in the urine.

It may be important to strain your urine if your urologist does not know what type of stone you are making. The amount of time you will be asked to strain your urine will be determined by your urologist.

Most patients will experience some pain in the back in the area of the kidney and some patients will notice blood in the urine for several days or for up to a week after treatment.

Although most patients pass their stone fragments without difficulty, a large fragment can become lodged in the ureter. If this occurs you may experience pain, nausea and vomiting. Hopefully this will not occur.

Another much less common cause of pain in the back following Lithotripsy is a small collection of blood around the kidney. If this occurs it does not harm the kidney, does not need to be treated or removed and the blood will be absorbed by the body. Most of the time if this does occur the patient is not aware of it.

Following your procedure you will be given pain medication to use if needed. Most patients will also be given Flomax (tamsulosin) which increases the ease with which stone fragments are passed. Flomax also decreases the discomfort from a JJ stent if this was needed (see below). If you are given Flomax use caution when you sit up and stand up due to the possibility of becoming light-headed or dizzy. In most patients if this does occur it will resolve after the 1st or 2nd dose of this medication. You will be given the appropriate amount of Flomax to take, usually taking it for two weeks.

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In some patients a JJ (double J) stent will be needed. This stent passes from the kidney to the bladder and is placed depending on the size of the stone in the kidney or ureter. If a stent is placed it is temporary and will be removed, usually after 10-14 days.

Nearly all patients experience some discomfort from a JJ stent. If you have a JJ stent you can expect:

- Some discomfort in the back. This may occur or increase when you urinate
- Discomfort in the lower abdomen in the area of the bladder
- A sensation, hopefully mild, that you need to urinate all of the time
- Discoloration of the urine either from the Pyridium you were prescribed, or from some blood in the urine – this is normal
- Increased discomfort with exercise or strenuous activity
- There are medications that decrease the discomfort from a stent

YOU SHOULD CALL YOUR UROLOGIST IF:

- You develop pain that is not relieved with the pain medication you were given
- You develop fever over 101.5
- You start passing large blood clots (larger than a quarter) or have difficulty urinating

MEDICATIONS COMMONLY USED

1. Pyridium (Phenazopyridine) - prescribed to decrease burning with urination. It will cause an orange color of the urine.
2. Hydrocodone/acetaminophine (Vicodin, Lorcet, Norco) – a narcotic prescribed to decrease pain. It will cause drowsiness and you should not drive or drink alcohol when taking this medication.
3. Uribel, UTA, & Prosed (methenamine/hyoscyamine). This is prescribed to decrease the discomfort in the bladder from the procedure or to decrease the discomfort from a JJ stent (if present). This medication will cause a bluish discoloration in the urine.
4. Flomax – this is prescribed to increase the probability of passing your stone fragments and will decrease the discomfort from a JJ stent if this was needed.