Removal of kidney stones in adults

NHS Devon

Commissioning policy

Shockwave lithotripsy (SWL)

SWL for removal of kidney stones is routinely commissioned where watchful waiting is not indicated, and the following criteria are met:

- Renal stones up to 20mm.
- Ureteric stones up to 20mm if treatment can be given within 4 weeks.

Ureteroscopy (URS)

URS for removal of kidney stones is routinely commissioned where the following criteria are met:

- As a first line option for ureteric stones 10-20mm.
- As a second line option for:
    - Renal stones up to 20mm where SWL is contraindicated or ineffective.
    - Renal stones >20mm where PCNL is not an option.
    - Ureteric stones <10mm where SWL has failed or is not an option.

Percutaneous nephrolithotomy (PCNL)

PCNL for removal of kidney stones is routinely commissioned where the following criteria are met:

- As a first line option for renal stones over 20mm (including staghorn stones).
- As a second line option for impacted proximal ureteric stones 10-20mm where URS has failed.
- As a third line option for renal stones <20mm where SWL or URS have failed or are not an option.

Rationale for the decision

The Academy of Medical Royal Colleges Evidence Based Interventions guidance outlines that optimal management of kidney stones depends on their type, size and location. Evidence has shown that, where clinically indicated, shockwave lithotripsy (SWL) is less invasive and has fewer major adverse events than the surgical options of ureteroscopy (URS) and percutaneous nephrolithotomy (PCNL).

For renal stones, using SWL for stones less than 10mm is associated with shorter hospital stays, less pain and fewer major adverse events compared to URS. For renal stones between 10mm and 20mm, the optimal strategy depends on the stone but because SWL is non-invasive with fewer treatments, the Academy of Medical Royal Colleges Evidence Based Interventions guidance recommends it is considered before URS.

For ureteric stones, using SWL for stones less than 10mm is associated with benefits in terms of readmission and fewer major adverse events. For ureteric stones between 10mm and 20mm, the Academy of Medical Royal Colleges Evidence Based Interventions guidelines recommend offering URS but SWL can be considered if clearance is possible within four weeks.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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