

Useful Contacts

Endo-Urology (Stone) Nurse Specialist

(Monday – Friday 08:00-16:00)

01752 431534

Lynher Ward

(24 hours)

01752 245052

NHS Out of Hours

(24 hours)

111

Date:
Revision date:
Ref. number:

Extracorporeal Shockwave Lithotripsy (ESWL) For Stones



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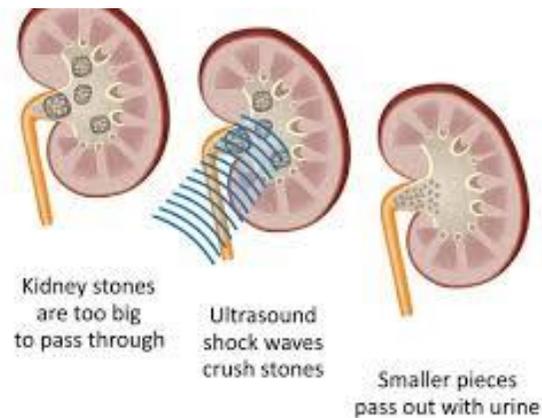


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What is ESWL?

This procedure uses shockwaves to break down stones in the kidney or urinary tract into small enough fragments which can be passed naturally by urination. The shock waves are produced by a machine which accurately targets the stone(s) by either x-ray or ultrasound. Most people need more than one treatment to clear their stone(s).



What Are The Benefits?

- Less invasive way of removing stones from the urinary system
- It has a high success rate
- Low complication rate
- It is a day case procedure

Follow UP

You will have a follow-up x-ray and appointment a few weeks after your treatment to see if the treatment was successful. If your stone is large, you may need another session of treatment to break up the stone.



Preparing For ESWL

If you are taking antiplatelet medication (such as Aspirin or Clopidogrel) or anticoagulants (such as warfarin or rivaroxaban) please contact the Stone Nurse Specialist and they can advise if you need to temporarily stop or adjust this before your treatment.

If there is a possibility you could be pregnant you must tell the nurse or radiographer as soon as possible as you should not have this treatment.

If you have an ongoing urinary tract infection, please see your GP before surgery as you may need a course of antibiotics prior to your treatment.

On The Day of The Procedure

When you arrive in Freedom, please report to reception. Before the treatment, you will be asked to provide a urine sample to test for infection. Initial pre-assessments will be performed by the radiographer or nurse to determine if your stone is still in a suitable position for treatment and to ensure there is no reason why you cannot have the treatment.

Following this, you will sign a consent form to confirm you are happy to have the treatment. You will be given a pain killer in the form of a tablet or suppository before the procedure. The treatment lasts between 45-60 minutes and will be carried out by a radiographer. In the treatment room you will be asked to lie on the treatment table where the position of the stone will be checked by x-ray. When the lithotripsy begins, you will hear a loud clicking sound and you will be aware of the shockwaves entering your body; some people have described this feeling as like being flicked with an elastic band.

What Happens After the Procedure?

When your treatment is finished you will spend a couple of hours in the unit where refreshments will be offered and your observations will be taken until you have recovered and feel able to go home. You will be required to pass urine before you are discharged.

Before you go home, you will be given your discharge letter and medication along with information and advice on the risks to be aware of whilst recovering.

If you normally take antiplatelet medications or anticoagulants, you will be informed when you can restart them. You will also be given an x-ray request form for you to get an x-ray before your next treatment.

What Should I Expect / Look Out For When I Get Home?

You may see blood in your urine for a few days, this is normal and should clear by drinking plenty of fluids (2-3 litres a day) to help flush out the blood and stone fragments. Maintaining a good fluid intake has also been shown to help prevent future stone formation.

You may experience discomfort and pain, regular paracetamol or anti-inflammatories should be taken as required. If the pain becomes severe and persists then please contact your GP or NHS 24 (111) for advice. You should also seek medical help if you develop a temperature/ have a fever or cannot pass urine.

Possible Risk / Side Effects

Common (affecting more than 1 in 10 people)

- Passing blood in the urine, this may last 48-72 hours
- Pain or discomfort when fragments of stone pass out of the urinary system, you are advised to take pain killers for this

Occasional (affecting between 1 in 10 and 1 in 50 people)

- Stone fragments may get stuck in the ureter (tube between the kidney and the bladder) needing further surgical treatment
- Urinary infection
- Blistering or bruising of the skin at the site of shockwave entry

Rare (affecting less than 1 in 50 people)

- Kidney damage or infection needing further treatment
- Severe infection needing intravenous antibiotics
- Damage to the pancreas or lungs from the shockwaves