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Emergency Department CT scanning in the management of renal colic. Is it necessary? An audit of our local clinical practice

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Introduction: Renal colic is a common presentation to both the emergency and primary health physician. A lot of emergency departments have developed pathway protocols for its management. The use of Non-contrast CT (NCCT) scans by emergency physicians to help delineate which arm of the pathway patients presenting with renal colic should follow is well established in the USA and Europe. In the UK, large emergency departments are already on the bandwagon while smaller departments utilize different protocols to help reduce the potential for needless admissions. We set out to audit our own local protocol which does not advocate CT scans in the emergency department but emphasises early inpatient admission under the Urologists, in patients with persistent/uncontrolled flank pain despite adequate analgesia.

Methods: We retrospectively analysed patients notes, imaging and blood results, collecting demographics, stone confirmation data for a 5 month period (Dec 2011 – Mar 2012).

Results: A total of 76 patients were admitted with renal colic during the 5 month period. 88 % (67) had a least one form of diagnostic imaging on admission. 70% (47) of these had a NCCT. 54% (41) of patients admitted as renal colic had a confirmed stone.

Conclusion: A significant proportion of patients with renal colic seen in the emergency department are shown to be stone free on subsequent CT scan. We therefore are advocating the use of CT scan at the point of entry in the emergency department as it acts as a filter in ensuring only those patients with stone disease that require urological intervention get admitted onto an acute surgical bed. This could potentially lead to a 50% reduction in urological emergency admissions.

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