

BAUS Renal Colic Audit – November 2020
National Summary Results

Data Item	National Figures	
Total Cases	2192 (median 16)	
Median Age	46 (IQR 34 – 59)	
Stone size:		
<4.9	991	46.3%
5– 9.9	998	46.6%
10 to 19.9	139	6.5%
>=20	13	0.6%
Initial Management Choice		
Conservative Management	1528	69.7%
Temporising stent insertion	293	13.4%
Primary SWL	178	8.1%
Primary ureteroscopy	140	6.4%
Nephrostomy insertion	41	1.9%
NSAIDs as first line management (unless contraindicated) (NICE)	70% (1221/1756)	
Median Time to diagnosis (hours)	4 (IQR2 – 11)	
Serum Calcium checked (NICE)	1586/1815	87.4%
Emergency Readmission	195/1351	14.4%
UTI/Sepsis (not including at presentation)	40/1205	3.3%
Initial Conservative Mx		
Median follow up time (days)	28 days (IQR 13 -42)	
Successful initial conservative Mx	731/1283	57%
Median est. time to stone free	50 days	IQR 30 -80
Clear at 4 months	1115/1528	73%
Overall mean no. of procedures.	0.5	Range 0 - 6
Initial Interventional Mx		
Median est. time to stone free	17 days	IQR 3 – 46
Clear at 4 months	337/504	67%
Overall mean no. of procedures.	2	Range 1 - 8
Stone prevention diet and fluid advice offered (NICE)	1316/1815	72.5%
1. Accessibility Domain		
CT KUB performed within 24 hours of presentation (NICE)	91% (1980/2175)	
Temporising stent insertion % of active Mx cases (excl UTI)	200/504	39.7%
Primary SWL % of active Mx cases (excl UTI)	172/504	34.1%
Primary Ureteroscopy % of active Mx cases (excl UTI)	116/504	23.0%
Primary URS/SWL done within 48 hours	116/283	41.0%

Notes on BAUS Renal Colic Audit National Figures

1. In view of the median unit sample size, we have reported grouped outcomes measures:
 - a. patients who had initial conservative management (trial of passage +/- alpha blocker)
 - b. patients who had an initial intervention (SWL, URS, temporising stent, nephrostomy or other)
2. Whether the ureteric stone had been cleared at the time of form completion (circa 4 months) was considered an important outcome measure, but the median estimated time to stone free is also reported.
3. The overall mean number of procedures per patient is also reported for both the conservative and interventional management groups. For the interventional group, the lower the better, as this reflects higher clearance rates per procedure and less use of stents (either temporising pre-stone Rx or after a ureteroscopy).
4. In the Accessibility Domain, the % of active management cases (excluding UTIs) is given for temporising ureteric stent, SWL and ureteroscopy. NICE and GIRFT recommend active treatment of a ureteric stone rather than the use of a temporising stent where the pain is on-going and not tolerated or where the stone is unlikely to pass. Nevertheless, patients who were suspected as having a UTI or sepsis on presentation were excluded from this metric in recognition of the fact that temporising ureteric stent may be an appropriate initial management option in the presence of infection.