

# #574 Close Loop Retrospective Audit of Acute Ureteric Stone Management: A Comparison with NICE Guidelines and GIRFT.

ASMITA HOSSAIN, KHALDOUN FOZO,  
ISHA NAJEEM, RANDEEP  
DHARIWAL, PANAGIOTIS PAPIKINOS

**Objectives**

To evaluate the adherence of clinical practices with the recommendations outlined in the National Institute for Health and Care Excellence (NICE) guidelines and Getting It Right First Time (GIRFT) document for ureteric stone management. To identify areas for improvement in clinical practice.

**Methodology**

Retrospective Audit.

1st Cycle : We reviewed 89 adult patients (16 years and older) that were admitted to the urology team at East Surrey Hospital, between 1st August 2023 and 30th November 2023.

2nd Cycle: 65 patients have been reviewed (16 years and older) from 1st of July 2024 to 30th of September 2024.

Documentation from Powerchart notes and ward lists were reviewed, focusing on the management and treatment of acute ureteric stones referred from A&E to Urology oncall team .

Exclusion criteria				
Self-discharged.				
Alternative Diagnoses				
Paediatric Population (under 16 years)				
Prior Intervention (i.e. ESWL / stent in situ)				
Ureteric Stone size >20mm				
Complicated Renal stone / Bladder stone				
Pregnancy				
Size / Position	Overall	<5mm	5 – 7mm	>7mm
Upper Ureter	52	71	26	14
Mid Ureter	70	80	52	38
Lower Ureter	83	89	62	47

**Result: comparison of cycle 1 (N= 89) and cycle 2 (N=65)**

**CT scan within 24 hours:** ↑ **1%** (C1: 98% → C2: 99%)

**NSAIDs given:** ↓ **3%** (C1: 70% → C2: 67%)

**Serum Calcium checked:** ↑ **19%** (C1: 47% → C2: 66%)

**Dietary advice given:** ↑ **55%** (C1: 17% → C2: 72%)

**Urgent treatment within 48 hours:** ↑ **18%** (C1: 35% → C2: 53%)

**Urgent stent insertion without sepsis signs:** ↓ **26%** (C1: 83% → C2: 57%)

**Lost hot stone clinic follow-ups:** ↓ **25%** (C1: 16 patients → C2: 1 patient)

**Conservative management offered:** ↓ **19%** (C1: 65% → C2: 46%)

**Failed conservative management (48h):** ↓ **15%** (C1: 38% → C2: 23%)

**Urgent treatment received:** ↑ **21%** (C1: 50% → C2: 71%)

**Urgent Stent Insertion Without Sepsis Signs:**

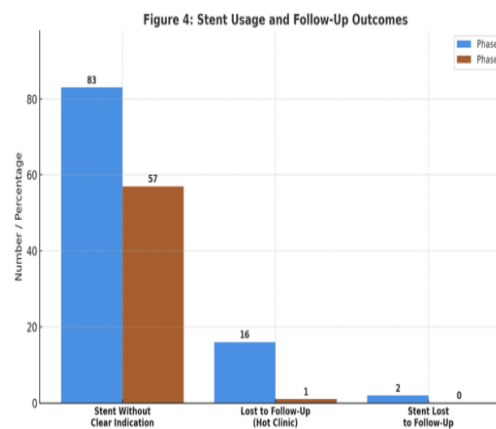
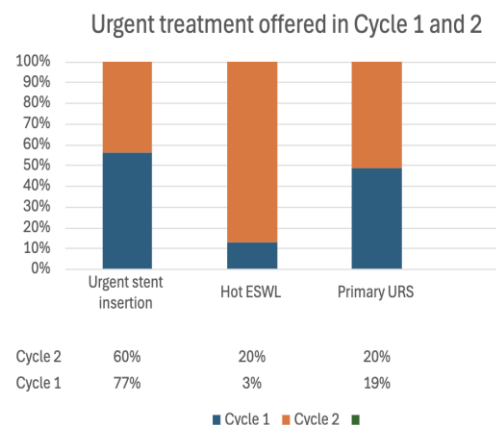
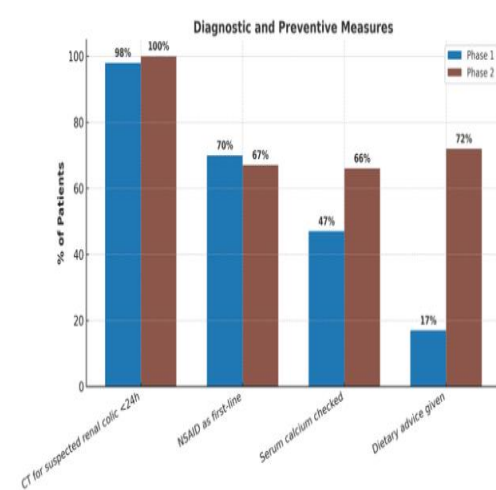
**C1:** 20/24 patients (83%)

**C2:** 12/21 patients (57%)

**Missed Follow-ups After Stent Placement:**

**C1: 2 patients**

**C2: 0 patients**



**Conclusion**

This audit demonstrates notable improvements in patient management following the first cycle's feedback. Key advancements include increased **serum calcium checks (47% → 66%)**, **dietary advice provision (17% → 72%)**, and **judicious stent use (83% → 57%)**. A shift toward more active intervention and adherence to metabolic assessment guidelines was observed. These findings highlight the positive impact of targeted interventions and emphasize the importance of sustained adherence to revised clinical practices to optimize patient outcomes.

**Action plan**

- Continue day-case pathway at Crawley Hospital for primary ureteroscopy and ESWL
- Develop a standardized "Stone careset in Cemer
- auto-texts: Dietary Advice: Jurol\_stone\_dietaryadvise. Stent Advice: Jurol\_stent\_insertion
- Develop stent recall registry to minimize the risk of lost patient with stent in situ
- Simplify follow-up process by emailing [sash.edadmin@nhs.net](mailto:sash.edadmin@nhs.net) with patient details and CC stone nurse.
- \*Assess stone size and position via CT and use the Mimic calculator to predict stone passage. Book definitive management (URS or ESWL) if conservative management is unlikely to succeed.
- Ensure adequate analgesia and MET upon discharge to improve conservative management success.
- Conduct a teaching session with new F1 doctors
- Emphasis on acute definitive management options (e.g., primary URS, ESWL ) to minimize stent insertions.
- Plan for Re-audit in 6-12 Months.

**References**

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2. <https://www.nice.org.uk/guidance/ng118/chapter/Recommendations#surgical-treatments-including-shockwave-lithotripsy>
3. [https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/12/Urology\\_2021-12-10\\_Guidance\\_Acute-stones.pdf](https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/12/Urology_2021-12-10_Guidance_Acute-stones.pdf)
4. <https://dhanbadurologist.com/kidney-stones-dietary->