

History taking for stones:

- **Ask about symptoms:**
 - **Pain:** Typically sudden onset, loin to groin and may be referred to testicles or tip of the penis. Colicky in nature (the patient will be moving around and unable to get comfortable. Patients with peritonitis, in contrast, will be afraid to move or cough). Can be a dull loin ache from obstructed kidney. May be associated with vomiting or nausea.
 - **Haematuria:** patients may complain of painful visible haematuria.
 - **Temperature and rigors suggestive of sepsis.** (This will require urgent treatment)
- **Medical risk factors:**
 - Obesity
 - Low fluid intake/hot climate
 - Hyperparathyroidism
 - Gout
 - Inflammatory bowel disorders
 - Inflammatory arthritis
 - Recurrent UTI's
 - Medullary sponge kidney
 - Renal tubular acidosis
- **Past surgical history:**
 - Intervention for stones: PCNL, ESWL, Ureteroscopy, Cystolitholapaxy.
 - Bowel resection for inflammatory bowel disease – esp resection of terminal ileum for Crohns.
 - Parathyroidectomy
 - Gastric bypass surgery
- **Medications:**
 - Calcium supplements
 - Antacids
 - Diuretics
 - Anticoagulants (important if a nephrostomy is required)
- **Family history:**
 - A patient with stones is twice as likely to have a 1st degree relative with stone disease.