



Extracorporeal shock wave lithotripsy (ESWL) for ureteric stones: Aftercare advice

This leaflet gives advice on recovery following ESWL treatment for ureteric (tube between your kidney and bladder) stones.

Your treatment

You have had your 1st / 2nd treatment of lithotripsy on a LEFT / RIGHT ureteric calculus where we treated a stone stuck in the tube between your kidney and bladder with shock waves to break it up and help it pass through your urinary tract.

This was performed by ______ on ____/ ____ at ____. You were given a suppository of Diclofenac 100mg around half an hour prior to your lithotripsy

treatment YES / NO.

What to expect after your ESWL

- You may have some pain and discomfort for the next couple of days to weeks. Please take painkillers for relief at home as needed (see below).
- You may have some bruising. This should typically resolve within a few days.
- Some blood in the urine is normal for 1-2 days after your treatment. If this persists for longer than a few days, or you start to pass large clots of blood in your urine, you should contact the Urology Department (numbers at the end of this leaflet).
- If you have been advised to stop taking blood thinning medication, e.g. Aspirin / Clopidogrel / Dipyramidole, prior to your treatment, you can resume this 1-2 days after treatment, once you have stopped passing blood in your urine.

When to seek help

Please attend your local emergency department (A&E) if you experience any of the following:

- Severe pain that is not controlled with painkillers.
- Shivering / fever / nausea / vomiting or feeling generally unwell, as these may be signs of a serious infection.
- Please bring this information sheet with you if you seek medical attention.

Pain relief

- If you have Paracetamol at home, take as per the instructions if it is safe for you to do so. This should help to relieve mild pain, which is expected following your treatment.
- If you have been given a Diclofenac suppository prior to your treatment, **please DO NOT** take any more Diclofenac / Ibuprofen for the rest of the day.

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• If your pain remains severe for more than a couple of days, or is not controlled by your painkillers, you should contact the urology team or visit your local emergency department (A&E).

General advice

- Drink plenty of fluids at least 2-3 litres of water per day, to help flush out stone fragments from the ureter and bladder.
- You can strain your urine to catch any stone fragments you may pass. Any pieces you find can then be sent to the laboratory for analysis to find out what they are made of.

When can I resume my normal lifestyle?

• You should be able to resume most normal activities soon after having your lithotripsy treatment, although we recommend you rest and avoid strenuous activities for the rest of the day, as you may be feeling some pain and discomfort.

What happens next?

- For most ureteric stones you will usually have two treatments, so if this is your first treatment, we will arrange another lithotripsy appointment for you in 1-2 weeks' time you may be contacted via telephone beforehand to confirm the appointment details.
- After your final treatment, you will be sent a follow-up appointment with a urology specialist doctor in around 1-2 weeks' time – you need to remember to have an abdominal x-ray a day or two before this appointment, so the doctor can see if the stone has cleared. This will have been arranged by the person who performed your treatment, so you just have to attend the Radiology (X-ray) Department (you should also have been given a reminder slip).

Contact Us

Lithotripsy treatment room on 0118 322 8517 (Tuesdays 8.30am-4.30pm only). Urology Clinical Administration Team on 0118 322 8629 (Mon-Fri 9.00am-5.00pm) or email rbb-tr.cat3a@nhs.uk.

Out of hours, please attend your nearest emergency department (A&E).

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Reviewed by: Lucy Billinghurst, Lithotripsy Sonographer, RBFT Urology, December 2023 Next review due: December 2025

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