

**Kidney Stone(s)
(Nephrolithiasis, Renal Calculi)
or Renal Colic**

All Classes
Updated 4/27/16

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Most recent event/diagnosis <u>5 or more years ago.</u>	No symptoms or current problems. Renal function has returned to normal. No ongoing treatment or surveillance needed.	ISSUE Summarize this history in Block 60.
B. Single stone that passed <u>Less than 5 years ago</u> with no complications*	If a single stone passed or is in the bladder with no further problems and imaging (such as a KUB) verifies no retained stones:	ISSUE Summarize this history in Block 60.
C. Multiple or Retained asymptomatic stone(s) <u>Less than 5 years ago</u> with no complications* Note: Use this for incidental findings.	See CACI worksheet	Follow the CACI – Retained Kidney Stones Worksheet. Annotate Block 60.
D. All others Complications* Symptomatic Underlying cause for recurrent stones	Submit the following to the FAA for review: <input type="checkbox"/> Current status report from the treating urologist with treatment plan and prognosis; <input type="checkbox"/> If underlying cause is identified, the status report should include diagnosis, treatment plan, prognosis and adherence to treatment for this condition; <input type="checkbox"/> List of medications and side effects if any; <input type="checkbox"/> Operative notes and discharge summary (if applicable);and <input type="checkbox"/> Copies of imaging reports and lab (if already performed by treating physician).	DEFER Submit the information to the FAA for a possible Special Issuance. Follow up Issuance Will be per the airman's authorization letter.

***Complications** include the following:

- Hydronephrosis (chronic).
- Metabolic/underlying condition requiring treatment/surveillance/monitoring
- Procedures (3 or more for kidney stones within the last 5 years)
- Renal failure or obstruction (acute or chronic).
- Sepsis or recurrent urinary tract infections due to stones

Metabolic evaluations and **imaging** should be performed as clinically indicated by the treating physician.

Acceptable imaging includes KUB, ultrasound, IVP, or CT/MRI as clinically appropriate per the treating physician.