KIDNEY STONE(S) (NEPHROLITHIASIS, RENAL CALCULI) OR RENAL COLIC

All Classes (Updated 06/28/2017)

| DISEASE/CONDITION | EVALUATION DATA | DISPOSITION |
|--|---|--|
| A. Most recent event/diagnosis 5 or more years ago. | 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 Less than 5 years ago with no complications* C. Multiple or Retained asymptomatic stone(s) | If a single stone passed or is in the bladder with no further problems and imaging (such as a KUB) verifies no retained stones: See CACI worksheet | ISSUE Summarize this history in Block 60. Follow the CACI – Retained Kidney Stone(s) Worksheet. |
| Less than 5 years ago with no complications* Note: Use this for incidental findings. | | Annotate Block 60 |
| D. All others Complications* Symptomatic Underlying cause for recurrent stones | Submit the following to the FAA for review: Current, detailed Clinical Progress Note generated from a clinic visit with the treating urologist no more than 90 days before the AME exam with treatment plan and prognosis. If underlying cause is identified, the status report should include diagnosis, treatment plan, prognosis and adherence to treatment for this condition; List of medications and side effects (if any); Operative notes and discharge summary (if applicable);and 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:

- 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.