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

**All Classes**  
**Updated 4/27/16**

<table>
<thead>
<tr>
<th>DISEASE/CONDITION</th>
<th>EVALUATION DATA</th>
<th>DISPOSITION</th>
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| **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* | 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) Less than 5 years ago with no complications* | 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:  
- Current status report from the treating urologist 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 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.