

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 312 (TVPC105) Surgical Removal of Kidney Stones in Adults

Recommendation made by
the Priorities Committee:

September 2021

Date of issue:

November 2021

Renal stones

Asymptomatic stones

Consider watchful waiting for asymptomatic renal stones if the stone is less than 5mm, or if the stone is larger than 5mm and the person agrees to watchful waiting after informed discussion of the possible risks and benefits.

Stones < 10mm

- Offer shockwave lithotripsy (SWL).
- Consider ureteroscopy (URS) if there are contraindications for SWL, or the previous course of SWL has failed, or because of anatomical reasons SWL is not indicated.
- Consider percutaneous nephrolithotomy (PCNL) if SWL and URS have failed to treat the current stone, or they are not an option.

Stones 10-20mm

- Consider SWL or URS.
- Consider PCNL if SWL and URS have failed to treat the current stone, or they are not an option.

Stones > 20mm (including staghorn stones)

- Offer PCNL*
- Consider URS if PCNL* is not an option

*Use clinical judgement when considering tubeless, mini or standard PCNL with renal stones greater than 20 mm, including staghorn stones.

Ureteric stones

Stones < 10mm

- Offer shockwave lithotripsy (SWL) if stone clearance is possible within 4 weeks
- Consider URS if there are contraindications for SWL, the stone is not targetable with SWL, or a previous course of SWL has failed.

Stones 10 – 20mm

- Offer URS
- Consider shockwave lithotripsy (SWL) if stone clearance is possible within 4 weeks
- Consider PCNL for impacted proximal stones if URS has failed

This policy statement has been informed by the Evidence-Based Interventions List 2 Guidance (2020) and NICE Guideline 118 – Renal and Ureteric stones (2019).

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies>

Clinical codes

OPCS codes as per EBI:

- M09.4 Endoscopic extraction of calculus of kidney NEC
- M09.8 Other specified
- M16.4 Percutaneous nephrolithotomy NEC
- M26.1 Nephroscopic laser fragmentation of calculus of ureter
- M26.2 Nephroscopic fragmentation of calculus of ureter NEC
- M26.3 Nephroscopic extraction of calculus of ureter
- M27.1 Ureteroscopic laser fragmentation of calculus of ureter
- M27.2 Ureteroscopic fragmentation of calculus of ureter NEC
- M27.3 Ureteroscopic extraction of calculus of ureter
- M27.8 Other specified therapeutic ureteroscopic operations on ureter
- M28.1 Endoscopic laser fragmentation of calculus of ureter NEC
- M28.2 Endoscopic fragmentation of calculus of ureter NEC
- M28.3 Endoscopic extraction of calculus of ureter NEC
- M28.4 Endoscopic catheter drainage of calculus of ureter
- M28.5 Endoscopic drainage of calculus of ureter by dilation of ureter
- M28.8 Other specified other endoscopic removal of calculus from ureter
- M28.9 Unspecified other endoscopic removal of calculus from ureter

Additional OPCS codes:

- M31.1 Extracorporeal shockwave lithotripsy of calculus of ureter
- M31.8 Other specified extracorporeal fragmentation of calculus of ureter
- M31.9 Unspecified extracorporeal fragmentation of calculus of ureter
- M09.2 Endoscopic electrohydraulic shockwave fragmentation of calculus of kidney
- M09.3 Endoscopic laser fragmentation of calculus of kidney
- M09.4 Endoscopic extraction of calculus of kidney NEC

ICD10 codes:

- N20.0 Calculus of kidney
- N20.1 Calculus of ureter
- N20.2 Calculus of kidney with calculus of ureter
- N20.9 Urinary calculus, unspecified