

Health Bulletin



Kidney Stones: Avoiding the Pain the Second Time Around

(NAPSA)—Prevention plays a leading role in the management of kidney stones. Each year, almost a million Americans are treated for kidney stones. For many of these unlucky people, this is not their first experience with passing a stone. The problem comes when crystalized chemicals from the urine form a mass in the kidney, then try to follow the path of urine through the system.

The experience is painful—excruciatingly painful—to the point that most people want to do all that is necessary to avoid repeat stones. Lisa Rodriguez knows first hand. “I’ve passed four stones in seven years, including one while I was pregnant,” she said.

Pain is usually the first symptom, although diagnosis usually involves urine and blood tests, X-rays and sound waves. Once the stone is found, the majority of them will pass naturally within three to six weeks, but some stones require outside help including surgery or extracorporeal shockwave lithotripsy. Both treatments work to break up the stone or to facilitate passage. Medical follow-up is important to prevent reoccurrence.

According to Dr. Glenn D. Preminger, professor of urologic surgery at the Duke University Medical Center and director of the Duke Comprehensive Kidney Stone Center in Durham, N.C., a large stone can block the flow of urine, causing pressure to build throughout the system, including in the kidneys. “Increased pressure results in stretching and irritation, which causes the pain,” he said.

Beyond the acute pain in the abdomen that often shifts to the groin, other symptoms can include blood in the urine, fever, weakness, nausea and vomiting. Although kidney stones do not usually cause permanent damage, a blockage could lead to infection.

Like Lisa, patients frequently suffer multiple stone episodes that could be prevented with combination therapy.

Diet is part of the treatment. Not enough fluids and too much



Medical follow-up significantly reduces the likelihood of kidney stone recurrences.

protein, salt and oxalate (found in spinach, nuts, and strawberries) can lead to the formation of additional stones. Lisa changed her diet, but with diet changes alone, many of those who pass stones still form new ones.

“To prevent recurrence, studies have found that a potassium citrate treatment, such as Urocit®-K, administered following a kidney stone experience is highly effective,” said Dr. Preminger. “Potassium citrate picks up where shock wave therapy leaves off, by restoring the natural chemicals that block the formation of stones. It reduces the tendency of calcium oxalate and uric acid to form stones and minimizes the chance of recurrence by more than 85 percent.”

Rodriguez wishes she was treated for recurrence. “I’m still paying for the shock wave therapy I had years ago, but I’m still suffering from this condition, despite changing my diet.”

Dr. Preminger suggests patients like Rodriguez ask their doctor for information about diagnostic tests and treatments to prevent the pain from returning.

“Once you’ve lived through it, you don’t want to live through it again,” Rodriguez said. More information can be found at <http://www.missionpharmaceutical.com/urocitk/> and by asking a urologist about treatment options, such as Urocit-K.