- NSAIDs. If fails opioids. - Hydration (>2L of urine/day).

- Tamsulosis for ureteric stone, yes even in females.

- Tamsulosin can be used to improve clearance of stones

https://www.aafp.org/pubs/afp/issues/2019/1201/p710.html

>5mm, shorten expulsion times, and  $\downarrow$  hospitalisation.

- Imaging every 2/52.

- Radio-opaque = Use Xray KUB or USS.

Radiolucent = CT non-contrast.

To monitor for stone position and assess for hydronephrosis.

- If stone in calyces and assymptomatic = Imaging annually.

- Monitor for indications of surgical intervention:

Increasing symptoms.Persistent obstruction/hydronephrosis.

Failure of progression/passage.

 Increasing stone size. - Loss of renal function.

- Intervention should be considered at the end of a 2 3 yr

observation period if:

- Acute/chronic pain

- Obstruction.

- Anti-emetic.

Observation

- Yes, you can use this in females.

