

## UNIVERSITY OF CAMBRIDGE SCHOOL OF CLINICAL MEDICINE

### Renal - hospital bedside – simulated patient role 8

**Name:** Ron or Rona Macdonald

**Age:** Your own age

#### **Setting**

You are sitting next to your bed on a surgical ward at Addenbrooke's. You are pretty worried but thankfully no longer in pain. You came in this morning having been admitted straight from your GP. You have not seen the ward doctor yet although you were briefly examined in casualty by a doctor and are about to be clerked in by a medical student.

#### **Clinical details**

You have had two other minor episodes of this problem/pain over the last 6 months, but did nothing about it. In the past, it was a dull ache in your right lower back which lasted a couple of hours and then faded off. On this occasion, it was so much worse. It started with pain in your lower back which then over an hour or so spread to your groin area and then into your right testicle if you are a man. It was there continuously but at times it became excruciating and then died down again to a baseline level. When it was bad, you were restless, unable to lie still in bed, constantly moving position and getting up. But when the pain was worse you felt really sweaty and sick and vomited on one occasion.

When questioned further you also admit to noticing that your pee turned pink. Need to student to ask "And is there anything else?"

Your GP visited you at home and gave you a suppository for the pain having said he thought it could be a stone - he rang you back an hour later and the pain was no better, so he sent for an ambulance. On arrival in A and E, the doctor gave you an injection and what relief!

#### **Past medical history**

*Any previous illnesses:* occasional episodes of gout in left big toe but no treatment (thought it came with the territory)

#### **Medication**

*Any medication taken for this:* no

*Are you on any prescribed drugs such as the pill:* no

#### **Family history**

*Any family history of such problems:* your father was a publican, and his father before him ...

*Smoking:* yes

*Alcohol:* definitely

#### **Social history**

*You have a partner but no children*

*Occupation:* public house landlord/landlady (Ye Three Fishes)

*Where do you live:* Ramsey, north Cambridgeshire

*Type of housing:* public house

#### **Temperament**

Down to earth type. More at home talking about other people's problems than your own. Get on well with people (well, you have to in your line of work).

## **Patient's framework**

- **ideas and thoughts**

*what did you think might have caused your problem:* drink, think it's probably to do with the gout!

- **concerns**

*what are you concerned about:* you don't ever want that pain again – you are frightened that it will come back

- **feelings**

*how are you feeling about it all:* trying to keep calm, but you have never been in pain like that and you feel you may have made a fool of yourself in front of your partner

- **effect on life**

*what effect is this having on your life:* you cannot afford to take time off work. Work is your life! Things are not too good in the drinks trade at the moment!

## **Behaviour**

You start off friendly to the medical student and try to answer his/her questions diligently. Tend to digress a little (well, you love a good chat).

## Clinical reasoning

### Symptoms

- dull ache right lower back
- radiation to groin and testicle (if male)
- constant pain with exacerbations
- shifts around to try to relieve pain
- associated with sweating and nausea and vomiting
- urine pink
- relieved by injection but not suppository
- previous episodes

### Past medical history

Gout

### Renal colic with haematuria:

This is a classical presentation of renal colic.

Sudden severe pain:

- Pain starts in the loin about the level of the costo-vertebral angle (but sometimes lower) and moves to the groin, with tenderness of the loin or renal angle, sometimes with haematuria.
- If the stone is high and distends the renal capsule then pain will be in the flank but as it moves down pain will move anteriorly and down towards the groin.
- A stone that is moving is often more painful than a stone that is static.
- The pain radiates down to the testis, scrotum, labia or anterior thigh.
- Whereas the pain of biliary or intestinal colic is intermittent, the pain of renal colic is more constant but there are often periods of relief or just a dull ache before it returns. The pain may change as the stone moves. The patient is often able to point to the place of maximal pain and this has a good correlation with the current site of the stone.

There is usually associated nausea and often vomiting.

There is commonly haematuria although this may be microscopic only.

There may be a previous history of renal colic.

Risk factors include gout because of the excessive uric acid in the bloodstream

### Further reading

Look this up on NHS clinical knowledge summaries

[http://www.cks.nhs.uk/renal\\_colic\\_acute/management/quick\\_answers/scenario\\_renal\\_colic\\_acute/management\\_of\\_acute\\_renal\\_colic#-370960](http://www.cks.nhs.uk/renal_colic_acute/management/quick_answers/scenario_renal_colic_acute/management_of_acute_renal_colic#-370960)

or look it up on patient.co.uk

<http://www.patient.co.uk/doctor/Renal-Colic.htm>

some of the staff are often with