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Department of Medicine

Chapter IV



Urinary System

Kidney Stones Signs and Symptoms:

In general, kidney stones show no symptoms until they move into the Ureter. Once these stones enter the Ureter, the following symptoms are usually seen.

Exercise 1: Give the English form for each of the following sentences.

- Douleur aiguë dans la région de l'aîne et sur les côtés
-
- Signes de sang dans les urines (hématurie)
-
- Nausées et vomissements fréquents
-
- Présence de pus dans l'urine
-
- Diminution de la quantité d'urine émise
-
- Sensation de brûlure et de démangeaison lors de l'émission d'urine
-
- La sensation fréquente d'uriner
-
- Parfois, l'apparition de fièvre/de frissons
-



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Exercise 2

Kidney Stones Diagnosis and Testing:

If your doctor observes the symptoms related to kidney stones problems, he/she may advise you a few diagnostic tests and procedures such as following: Try to link each term with the corresponding definition

- ❖ **Blood Tests**
 - ❖ include simple abdominal X-rays, CT Scan and ultrasound to reveal the presence of kidney stones in your urinary tract. One advanced test is intravenous urography where a dye is injected into an arm vein and x-rays or CT images are taken as dye travels through kidney and bladder.
- ❖ **Urine Testing**
 - ❖ To pass urine through a strainer so kidney stones passing through urine can be collected and analyzed in a lab.
- ❖ **Imaging Tests**
 - ❖ To inform about the presence of too much calcium or uric acid in your blood. It helps doctors to check the health of your kidney.
- ❖ **Analysing passed Kidney Stones**
 - ❖ To have two urine collections for two consecutive days to assess the amount of stone forming minerals present in your urine.



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Exercise 3: Please match each urinary term with its characteristics.

1. Albuminuria	A. Pus in the urine
2. Micturition	B. Feeling to void immediately
3. Dysuria	C. Microscopic functional units that form urine by the process of filtration, reabsorption and secretion.
4. Ureter	D. Protein in the urine
5. Pyuria	E. Presence of bacteria in the urine
6. Renal calculi	F. The inner region of the kidney
7. Urgency	G. Urination especially excessive at night
8. Nephrons	H. Painful urination
9. Urethra	I. A hollow muscular sac serves as a temporary reservoir for the urine
10. Calyx	J. Muscular lined tubes that carry urine from kidney to bladder
11. Medulla	K. A cuplike urine collection cavity found in the kidney
12. Urinary Bladder	L. Stone formation in the kidney
	M. The act of eliminating from the bladder, voiding, urination
	N. Mucous membrane lined tube that leads from the bladder to the exterior of the body, carries urine away from the bladder



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Operative Report: fill in the gaps with the appropriate verb in the passive form

Patient Name:

Age:

DOB:

SEX:

Date of surgery:

Surgeon:

Anesthesiologist:

Anesthesia: General

Preoperative Diagnosis: Left proximal ureteral stones

Postoperative Diagnosis: Left proximal ureteral calculi

Indications: the patient is a 48-year-old female with a history of kidney stone disease, who has severe flank pain and was found to have an obstructing large left proximal ureteral stone.

Operative Procedure : after induction of general anesthesia, the patient(1) in the lithotomy position. The patient (2) and(3) in the usual sterile fashion. A cystoscope(4) under camera vision. The scope(5) into the bladder. Under fluoroscopic control, a guidewire was placed up the left ureter and bypassed the stone. This was difficult at first, but the guidewire eventually(6) around the stone into the proximal collecting system.

The stone was quite large and occupied the entire lumen of the ureter. Lithotripsy then(7) under camera vision. Using the Holmium laser, the stone(8) into multiple fragments. Some of the stones(9) for analysis.

The procedure(10) by the patient without complications. The patient(11) to the recovery room in stable condition.

1-to tolerate 2 – to manipulate 3– to insert 4 – to place 5– to prep 6– to send 7– to perform

8– to take 9 – to fragment 10 – to drape 11 – to pass.

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Exercise 5 : Quiz Questions

- 1- The pathophysiology student identifies that the retrograde movement of these specific bacteria from the gut into the lower urinary tract is the most common infecting pathogen responsible for UTI
 - A. Staphylococcus Saprophyticus
 - B. Klebsiella
 - C. Escherichia Colli
 - D. Pseudomonas
- 2- Your patient was recently diagnosed with UTI. As the nurse practitioner, you are assessing whether the patient has any improvement with their symptom of Hematuria. What question would you ask him?
 - A. Do you have pain when you urinate?
 - B. Do you feel like you need to urinate more often than usual?
 - C. Does your urine look cloudy?
 - D. Is there blood in your urine?
- 3- Your patient wants to know if they are considered to have recurrent UTI's because they have had 2 UTI's within the past year, one being in January and the other in September. What is your best response as a nurse practitioner?
 - A. Yes, you have had 2UTI's this year
 - B. No, you would need 3 or more UTI's within the past year
 - C. No, a recurrent UTI is a second UTI caused by the same pathogen within 2 weeks of the original treatment
 - D. No, a recurrent UTI is the one that occurs more than 2 weeks after the completion of treatment for the same or different pathogen.
- 4- A patient you are treating in the clinic asks you what actions they can take to help prevent UTIs. All of the following statements are correct, EXCEPT?
 - A. Wipe one's genital area front to back after using the restroom
 - B. Wear tight-fitting clothing.
 - C. Empty one's bladder
 - D. Drink lots of water
- 5- Which of the following scenarios of patients is least likely to acquire a UTI?
 - A. A 24 year old male with poor hygiene
 - B. An immune compromised individual receiving chemotherapy.
 - C. A post-menopausal woman with a history of diabetes mellitus.