Introduction and Objectives: Patients with cystinuria frequently undergo multiple surgical procedures throughout their lifetime, with potential loss of renal function and attendant morbidity. We investigate whether referral to a dedicated stone clinic, emphasizing minimal surgical morbidity, and comprehensive dietary and medical therapy, can decrease stone events and preserve renal function.

Materials and Methods: We retrospectively reviewed the records of 26 consecutive cystinuric patients treated over a 10-year time period. Patients were followed semiannually with renal sonograms, 24-hour urine collections and clinic visits with an endourologist and nephrologist with a special interest in treating cystinuria. Surgical intervention when indicated utilized staged ureteroscopy preferentially to percutaneous procedures, except for complete staghorns or infected stones.

Results: Our 26 patients had a mean age of diagnosis of cystinuria of 21 years (range 3 to 44). Prior to referral, 12 patients (46%) underwent at least one shock wave lithotripsy, 7 patients (27%) underwent at least one open procedure, and 3 patients (12%) had a nonfunctioning kidney as a result of their prior procedures. During mean 67 month follow-up (range 1 to 172), our patients underwent one surgical intervention every 26 months, as compared to one surgical intervention every 12 months prior to referral. Staged ureteroscopy was used in 85% of our patients. Renal function remained stable during our follow-up, with no loss of renal units.

Conclusions: A comprehensive program of careful surveillance, behavioral modification, and medical management in a dedicated stone clinic is an effective way to reduce stone events and their associated morbidity.