

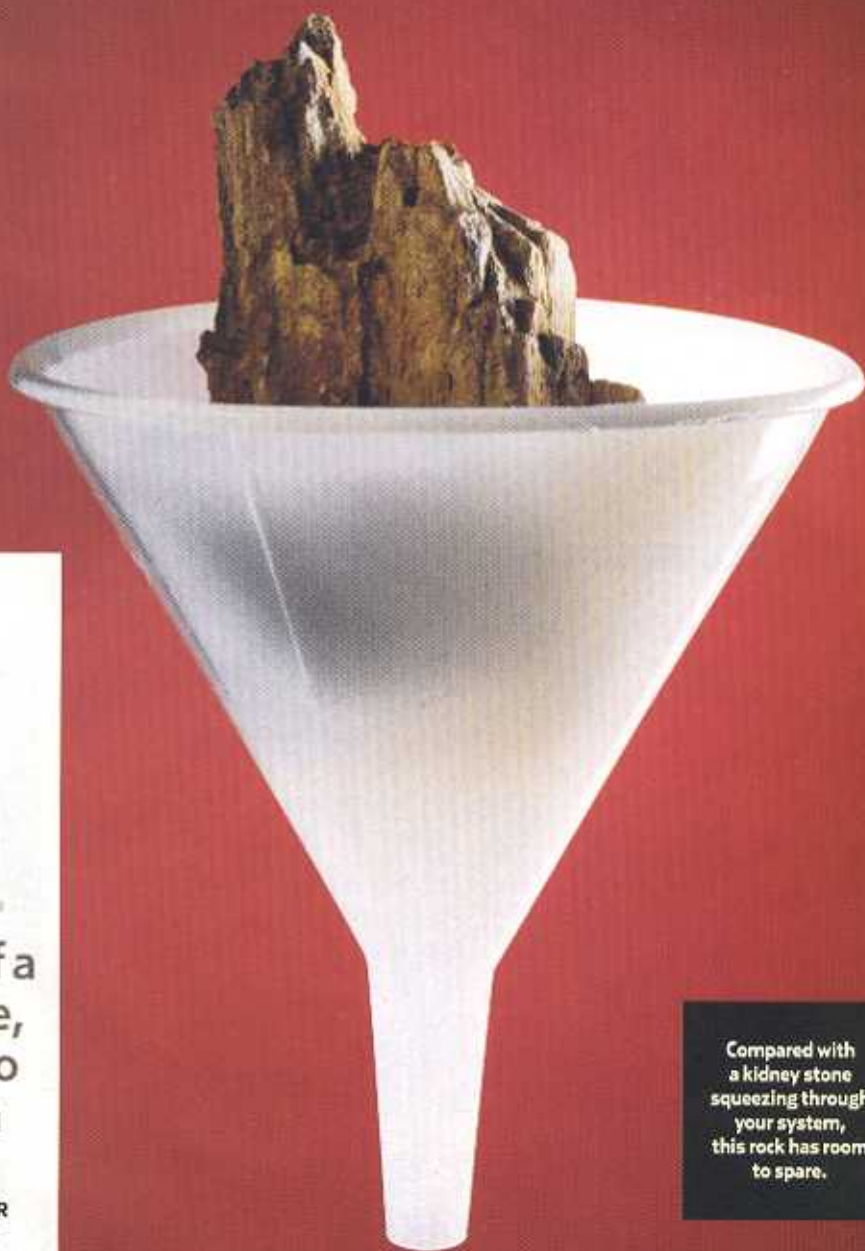
## Rock Slide!

Listen to the screams of a man with a kidney stone, and you'll do anything to avoid growing your own

**I**N THE END, WHAT I REMEMBER most is how I would find myself peeing hopefully. I'd stand there over the bowl, with my little strainer in one hand and me in the other, and I'd be thinking, *This time... maybe this time.* And then I would finish, shake loose the last little drop, and *nothing.* Over and over again, five, six... 10 times a day, for 11 days, from February into March, I'd peer into that strainer with the cheated pout of a little boy who finishes his Cracker Jacks and finds no prize.

I had a kidney stone in me, and I wanted it out.

The stone struck on a Tuesday evening, somewhere along I-94 just east of Minneapolis. First came an upper-abdominal twinge, similar to gas pains at dawn



Compared with a kidney stone squeezing through your system, this rock has room to spare.

(of the sort precipitated—I'm from Wisconsin—by excess bratwurst at bedtime), except that no amount of twisting or turning would break it loose. Then it seemed as if my right kidney had been run through with a superheated knitting needle. I was veering in and out of my lane, gasping like a scupperped carp. Struck by this delusion that a hot bath would dissipate the pain, I careened to a motel. I'm certain the desk clerk pegged me for a meth fiend—I was pallid, shivering, and rolling in sweat as she ran my credit card—but she worked quickly. I staggered to the room, filled the tub full blast, and stripped out of my clothes.

By now, based on my experience as a nurse and an EMT, I had pretty much self-diagnosed. One in 10 Americans will experience the joy of kidney stones, and the pain I felt was my secret handshake into the club. I dropped into the steaming water and—drawing on my knowledge of anatomy, physics, and desperation—assumed a bizarre

position calculated to roll the stone back into the kidney. (When Ben Franklin's kidney stone blocked his bladder, he used to stand on his head to pee.) After about 15 seconds of lying in scalding water with my butt hoisted above the Plimsoll mark, I ran up the white flag and dialed 911.

## ON A PAIN SCALE OF 1 TO 10, KIDNEY

stones consistently ring the bell at 10. A mother of three who had a kidney stone once told me, "I'd rather give birth three times—in one day!" The pain is focused, relentless, and inescapable. I pride myself on a certain blue-collar hardiness and Scandinavian stoicism, but by the time a paramedic arrived, I was flailing around the motel room bed spewing effenbeimers. "Bet it's a kidney stone," said the paramedic. "Morphine?"

"Oh, yeah," I hissed.

While he slid the needle in, I puked into a bag. Puking is a classic kidney-stone symptom, caused by overstimulation of stomach nerves. The morphine helped, but I was still twisting like a bug pinned to a board when they strapped me to the cot. In Woodbury, Minnesota, a nurse in the Woodwinds Health Campus E.R. gave me another bump of morphine, but during a CT scan the pain came stabbing back. The nurse pushed a drug called Toradol. Sweet relief. I dozed until the E.R. doc woke me. "It's fairly large, as stones go," he said. "It's borderline whether it will pass on its own." The next time I woke, my father and brother had arrived to retrieve me and my car. The nurse handed me a bottle of Percocet and a screened funnel. "Strain your urine," she said, "and save the stone." I tottered out the door, paused to puke in the parking lot, and set out for home.

## I SPENT THE WEEK AT MY PARENTS'

farmhouse in Wisconsin. Now and then the pain would outdistance the Percocet, and I would try anything—hot baths, microwaved hot packs, incessant pacing—to distract myself until the drugs caught up. Once I was crawling out of the bathtub when I was swept with nausea. I scrambled for the toilet. Hearing the scuffle, my mom burst in to check on me, and so it was that at the age of 37 I found myself buck naked on all fours, head in the toilet, puking at the feet of dear old Mom. She's been a nurse for 40 years and was unfazed, but a guy hopes for a little dignity.

The Percocet beat most of the pain and gave me freaky dreams. But it also made me more pukey, and since I couldn't keep anything down, I began to fall behind on my fluid intake. Not good when you're relying on

# Skipping Stones

## How to prevent the pebbles that go bam bam

Any kidney is a potential quarry. This is because they all filter calcium and a food compound called oxalate out of the bloodstream. If enough of the stuff builds up, it'll bond together to form the world's tiniest torture device—a kidney stone. Most men just need to drink extra fluids to dilute the calcium and oxalate before it reaches critical mass. But if you have a family history of kidney stones, or have already had one, you'll need to do more. First...

**Keep the calcium.** It may seem counterintuitive, but a recent study in the *New England Journal of Medicine* found that male kidney-stone sufferers who ate a calcium-rich diet—800 to 1,000 milligrams (mg) a day—were 50 percent less likely to get stoned again than those on a low-calcium plan. "Ingested calcium keeps oxalate in the intestine, preventing it from being absorbed into the blood and forming stones in the urine," says David S. Goldfarb, M.D., director of the kidney-stone prevention program at St. Vincent's Hospital in New York City.

**Hold the soy.** You can eat extra calcium, but don't up your oxalate intake. In other words, eat soy sparingly. "Soy-based foods have some of the highest levels of oxalates and have been shown to increase urinary oxalate," says Linda Massey, Ph.D., R.D., a professor of human nutrition at Washington State University. Textured soy protein—used in veggie burgers—contains 638 mg of oxalate per serving, nearly 100 mg more than spinach, the previous record holder.

**Roll over.** Another reason to try new positions in the bedroom: A recent University of California at San Francisco study found that 76 percent of patients with recurring kidney stones developed them only on the side they consistently slept on. "Sleeping in the same position seems to alter the way bloodflow to the kidney is distributed, hurting its ability to stop stone formation," says Marshall Stoller, M.D., one of the study's authors. Every few nights, try to sack out on a different side to better distribute the flow of blood.

**Watch what you chug.** You lose fluids fast when you work out, but if you're stone-prone, skip sports drinks. "Unless you're training for something like a marathon that requires you to replace sodium, sports drinks aren't necessary, and the extra salt will increase calcium in your urine," says Dr. Goldfarb. Water too bland? Try Powerade: it has a lot less sodium than most sports drinks.



hydraulic forces to flush a stone. On day 3, the knitting needle woke me with a vengeance. Back to the E.R. "You got Toradol?" I asked. They did. By this time I was peeing thimblefuls of what appeared to be scorched corn syrup. They kept me overnight, pumped me full of fluids, and sent me home with Compazine to treat the nausea. Because long-term use of Toradol can affect kidney function, the doctor was reluctant to prescribe the pills, but I promised to use them only during peak pain moments. One kidney stone, 3 days, and I had become a craven junkie.

And so I pounded fluids and waited. I'd go an entire day without pain, then zing, it would be back. The stone was moving through the ureter toward the bladder. It was almost even with my hipbone. I took my little strainer everywhere. I carried it in my coat pocket, wrapped in a plastic bag. In public restrooms, I'd go into the stall (you really can't stand at a urinal in the Farm & Fleet peeing through a

funnel and expect to escape arrest or injury), and I'm sure when people heard the crackle of the plastic they thought, *Drugs! Perversion!* Then there was the problem of rinsing the thing off. I resorted to feet checks and strategically timed dashes. Kidney stones are all about drugs and furtiveness.

## RESEARCHERS HAVE IDENTIFIED

19 distinct types of kidney stones.

"Twenty, actually!" says Michael Rentzepis, M.D. He is a urologist in private practice. Nine days since the first attack and still no stone, so I was referred to him for a consultation. Dr. Rentzepis is young and trim. He has the large glasses and eager demeanor of your classic science geek, which I find to be a comfort, doctorwise. "A new variation has just been discovered!" he says. Excitement has drawn

**ALL THE PRESIDENT'S PAIN:** FDR never got stoned, but LBJ was rocked in '48, '55, and '65.

## Man-to-Man

him right to the edge of his chair.

"Well, now," I say. "That'll be the talk of the annual urology convention."

"Oh, yes," says Dr. Rentzepis. He's lit up like a grade-schooler describing the new teeter-totter. "It's just like adding another element to the periodic table!"

Bless his heart, my urologist is a geek for renal calculi.

### "LET'S LOOK AT YOUR CT SCAN,"

says Dr. Rentzepis.

I was once arc welding the underside of an equipment trailer when a molten pearl of slag dripped into my welding gauntlet, lodging against my fingernail. The pain was astounding. Flinging everything, I yipped and scooted from beneath the trailer like a poodle suffering a buttful of rock salt. On the CT scan, the kidney stone is an incandescent dot amid all the half-tone grays. I think immediately of the molten slag droplet, sliding lazily through my ureter, burning white-hot until it finally plops into the watery bladder and the pain stops.

"The stone is right at the end of the ureter," says Dr. Rentzepis, pointing at the bright dot.

"Almost out. Trouble is, a stone of this size, it's about 50-50 whether or not it'll pass on its own."

"What are my options?"

"Generally," says Dr. Rentzepis, "you want to let it pass. Although removal procedures are straightforward, you can have complications." He pulls out a comic book: *Understanding Kidney Stones*. On the cover, a golfer clutches his back, his sweaty face gripped in a rictus of pain. On page 10, a man is reclining in a tub while shockwaves blast his stone to bits. Lithotripsy. Relatively painless, but the truck-mounted portable unit isn't due in town this week. On page 12, a doctor inserts a tube in the patient's back, blasts the stone with ultrasound, and plucks out the fragments, a treatment reserved for stones over 1 inch in diameter. My stone is big, but not that big. Another series of illustrations demonstrates how staghorn stones—huge things with spikes and projections—require surgical removal and a 4-day hospital stay. "I'll put a ureteroscope in your urethra, through your bladder, and up to the stone," says Dr. Rentzepis. "I'll pluck the stone with

a little caliper-like device." No incisions. But right up the old main line. "Then we'll probably need to put a tube in the ureter for a few days, to keep it from swelling shut."

"Do you have to go back up there to get the tube out?"

"Oh, no," says Dr. Rentzepis. "We tie a string to it. After a few days, you come into the office and I'll pull it out."

"Um . . . let's give it another couple days."

**I WAS CAUGHT COMPLETELY OFF GUARD** when it finally happened. I was visiting friends. We were leaving to see a band, and I had run upstairs for a quick filtered pee. Urinating through a sifter was second nature by now, and my mind was somewhere else when—*boooing!*—there was a sudden rubbery back-pressure, my urine flow stopped dead, my bladder expanded, then, *Clack!* and I was peeing effortlessly again. You know how sometimes if you turn the faucet off too quickly the pipes rattle? There's a term for that. It's called water hammer. When that kidney stone hit the homestretch, I had my own little water-

*Pick of the lot.  
Without the lot.*



*Sedans*

*Sport Compacts*

hammer moment. And now there it was: dark brown, rock-hard, and the size of a choke-cherry pit. I had a sudden urge to call friends and hand out cigars. Instead I rinsed the stone and looked at it closely. It was studded with tiny nubs and felt like sandpaper. I got a

**My stone was the most common sort. The doctor says I have to drink 12 glasses of water a day for the rest of my life, basically to keep my system flushed, as recurrence rates run about 80 percent.**

little creeped out and light-headed then.

I went to my follow-up appointment. No sooner had he closed the examining room door than Dr. Rentzepis turned to me eagerly. "Did you bring it?" It was like in third grade when Vinnie Boscoe wondered if you'd brought the fart cushion. I pulled the specimen bottle from my pocket and held it up to view. The stone rattled against the plastic. Dr. Rentzepis's eyes widened.

"Oh my God!"

Can I tell you what pride it gives a man to

produce a thing in this way and have a board-certified urologist say, "Oh my God!?" Fourteen years of medical training, stones of every type and dimension, and he says, "Oh my God!?" I averted my eyes, flushed with aw-shucks pride. Just as quickly, I drew back.

"I bet you tell all your patients that."

"Oh, no," he said. "That really is a big one. Stones of that size, we usually have to go in after them."

I was glowing.

**DR. RENTZEPIS HAS KNOWN PATIENTS TO** mount their stones in resin. He made me turn mine in. He sent it to a lab to be crushed and analyzed. It was 80 percent calcium oxalate and 20 percent calcium phosphate. The most common sort. Based on that information, he

says I have to drink 12 glasses of water a day for the rest of my life, basically to keep my system flushed, as recurrence rates run about 80 percent. ("Once a stone thrower, always a stone thrower," said my regular M.D. when he visited me in the E.R.) I'll also drop in for an abdominal x-ray now and then, in the hope that we'll catch the next one earlier. Before we hit the "Oh my God" stage.

The French essayist Montaigne wrote that kidney stones left him feeling great intellectual clarity. No sign of that so far. But I have noticed changes. I try to drink more water. Where I used to tolerate tales of childbirth with a sort of deferential politeness, I now find myself nodding in solidarity. And when I looked across the median of I-80 during a recent road trip and saw a westbound semi emblazoned with the words *American Kidney Stone Management*, I got so misty I nearly left the roadway. Somewhere out there someone else was gasping like a scupperped carp, and here, apparently piloted by angels, was a white Kenworth, its hood ornament aimed at kidney stones everywhere. Sweet, sweet relief, hammer down.

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