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Reference: BH/PIN942

Publication date: January 2020

All our patient information leaflets are reviewed every three years.

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Patient information

Management of recurrent lower urinary tract infection of non-pregnant non-catheterised women in primary and secondary care



What is a urinary tract infection?

Urinary tract infections (UTIs) are very common and are caused by bacteria that live in the digestive system. If these bacteria get into the urethra or bladder they can cause infection.

It's estimated half of all women in the UK will have a UTI at least once in their life, and 1 in 2,000 healthy men will develop one each year.

Women are more likely than men to have a UTI. This is because in women, the urethra is closer to the anus than in men. Also, the urethra is much shorter in women, making it easier for bacteria to reach the bladder.

What are the symptoms of a urinary tract infection?

When you have a urinary tract infection you may feel:

- A need to frequently pass urine
- An inability to hold your urine with a feeling of needing to pass your urine urgently
- A feeling of burning or stinging in the urethra on passing urine or pain at the end of passing urine.
- Sometimes you may also notice that your urine becomes cloudy, smelly or even stained with blood.

Why do I have recurrent urinary infections?

Unfortunately, some people keep getting UTIs. This is called having recurrent UTIs

It is more common in women after the menopause as the hormone oestrogen helps to protect women against urine infection. However, after the menopause, oestrogen levels become low.

Sometimes, bladder infections (cystitis) can be triggered by sexual intercourse.

Other situations that may increase your risk to have recurrent UTI are:

- a condition that obstructs or blocks your urinary tract, such as kidney stones
- a condition that prevents you fully emptying your bladder (it's easier for bacteria to multiply if urine stays in the bladder longer.)
- a weakened immune system from chemotherapy, for example

How can I prevent recurrent urinary infections?

Some simple measures include:

- Wipe from front to back when you go to the toilet.
- Avoid delay of normal or post sex urination.
- Maintain adequate hydration (6 to 8 glasses including water, decaffeinated and sugar-free drinks)
- Avoid tight underwear (e.g. cotton is usually better than manmade fabrics).
- Only use a gentle plain soap for washing the genital area.

3

less effective so it is best to avoid an antibiotic unless absolutely necessary.

Occasionally conservative measures are not enough to reduce the frequency of recurrent urinary tract infections and your doctor could prescribe prophylactic antibiotics.

If a "trigger" for your recurrent infections is identified, the doctor will recommend you to take one dose of antibiotic after the trigger (e.g. sexual intercourse).

If there have not been any causes identified you may be offered long-term antibiotic prophylaxis that will need to be reviewed in 6 months.

You could also try **non-antibiotic prescription only preventatives** such as

- Vaginal oestrogen(e.g. Estriol 0.1% cream) applied to the vagina for post-menopausal women
- Methenamine hippurate 1g orally twice daily

Preventative antibiotics may be prescribed if you have 2 or more UTIs within 6 months or 3 within 12 months.

Your GP may prescribe one of the following antibiotics. It is important you note the name of the doctor who started this medication.

•	Nitrofurantoin	Trimethoprim	
•	Amoxicillin	Co-trimoxazole	□*
•	Cefalexin	Other	

Please note that antibiotics may cause side effects such as nausea and vomiting. Please read the enclosed medicine leaflet carefully and contact your doctor if side effects become troublesome *For specialist use only

6

When should I contact my doctor?

The following symptoms are possible signs of serious infection and should be assessed urgently.

- I have shivering, chills and muscle pain.
- I feel confused, or I am very drowsy.
- I have not passed urine all day.
- I am vomiting.
- I see blood in my urine.
- My temperature is above 38°C or less than 36°C.
- I have severe kidney pain in my back just under the ribs.
- My symptoms are not improving within 48 hours taking antibiotics.

If I receive preventative antibiotics, also I will need to contact my doctor when:

I develop side effects from my medicines. For example, if I am taking nitrofurantoin, my lungs may react although this is rare. This may result in cough and shortness of breath and may develop quickly. However, this reaction can occur more slowly in the elderly. Please read the enclosed medicine leaflet carefully.

Preventative measures including antibiotics

Taking antibiotics too often may contribute to antibiotics becoming

a preventative antibiotic is prescribed, please fill in the ollowing
ly doctor's name is
peciality: (tick) GP □ Urology □ Nephrology □ Microbiology or Infectious Diseases □
ly next review date is

1. NICE Clinical Knowledge Summary. Urinary Tract Infection (lower) – women. January 2019. https://cks.nice.org.uk/urinary-tract-infection-lower-women#!scenario:2

 British Association of Urological Surgeons . Self-help information for women with recurrent cystitis. April 2017 (Review date April 2020)

https://www.baus.org.uk/_userfiles/pages/files/Patients/ Leaflets/Recurrent%20cystitis.pdf

3. Urinary tract infection (UTI) information leaflet. Public Health England. V17. 30th November 2016

https://www.westhertshospitals.nhs.uk/patientinformation/documents/urology/ Urinary_Tract_Infection_UTI_Information_Leaflet_Public_Health_England.pdf

- 4. Jepson RG, Williams G, Craig JC. Cranberries for preventing urinary tract infections. *Cochrane Database of Systematic Reviews*. 2012;10. DOI:10.1002/14651858.CD001321.pub5.
- Urinary tract infection (recurrent): antimicrobial prescribing NICE guideline Draft for consultation, May 2018
 https://www.nice.org.uk/guidance/ng112/documents/draft-guideline
- Kranjčec, B., Papeš, D. & Altarac, S. World J Urol. 2014;32: 79. https://doi.org/10.1007/s00345-013-1091-6

References

6