

Recurrent Urinary Tract Infections

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Recurrent Urinary Tract Infections

Also known as UTIs, urinary tract infections occur when bacteria pass into the urinary tract (usually the bladder) and increase in number to cause an infection.

They can vary in severity from a mild cystitis (stinging or burning feeling when you pass urine) that lasts a couple of days and goes away on its own, to a high temperature and infection that rises into the kidneys and requires admission to hospital with antibiotics through a drip.

It is relatively common to get a UTI and it is normal to have one or two mild ones per year. If you have three or more UTIs in a one-year period, then this is classed as “Recurrent UTIs” and requires further investigation and treatment.

What causes them?

The usual bacteria that causes UTI is one that comes from the bowel. This can either be [E.coli](#) or [enterococcus](#), however, many other bacteria cause infections, and the main thing is to get the right antibiotic to treat them.

Lifestyle and physical things that increase your risk of getting a UTI include:

- Lack of estrogen (after the menopause)
- Sexual intercourse
- Wiping back to front (pulls bacteria from the bowel towards the bladder)
- Not finishing a course of antibiotics
- Short three-day courses of antibiotics
- Urinary tract abnormalities (duplex kidneys, double ureters etc)
- Kidney or bladder stones
- Urinary catheters
- Your bladder is not emptying properly

How is it diagnosed?

A UTI can only be properly diagnosed when a bacteria has been grown from a urine sample in the laboratory. We do know, however, that many women have a UTI but the urine does not grow a bacterium, so it is really important that you bring a urine sample to the GP or hospital to be properly tested.

If you are suffering from recurrent UTIs this is even more important, so we can find if there is a specific bacteria that needs treating and direct the treatment to that particular cause.

What other investigations may I need?

With all women who have recurrent UTIs we want to make sure that there is nothing cancerous or structural that is causing the infections. The following tests may be offered depending on your presentation and how difficult the infections are being to get rid of.

Kidney ultrasound scan – this is like having a pregnancy scan and allows us to look at the kidneys and tubes which run to the bladder. We can pick up any problems with the kidney and also check to see if the tubes are swollen.

Cystoscopy – this is a short procedure when we look in the bladder with a telescope to look at the lining of the bladder. We can make sure there is not any bladder cancer or bladder stones by doing this. A biopsy (sample of skin from the bladder lining) can also be taken if needed.

Self-help techniques

As mentioned above, there are some easy ways that you can have a positive effect on preventing further infections.

- Using vaginal estrogen cream or pessaries regularly (if you have gone through the menopause)
- Drinking two litres of fluid per day (preferably mostly water)
- Wiping front to back when you pass urine or open your bowels
- Finishing any courses of antibiotics
- **Waterfall d-mannose** – this is a natural sugar that can be bought online or over the counter (much cheaper online though) which helps to prevent **E.coli** infections specifically. It is natural and non-antibiotic
- Avoiding perfumed bath products
- Keep diabetes under close control
- Avoid constipation
- Wear cotton underwear and looser fitting clothes

What can be done to treat them?

There are many different options for treatment and your doctor will start with the simplest treatment(s) that have the lowest risk and highest chance of success based on your age and any particular factors.

- Vaginal estrogens – for women who are past the menopause
- Waterfall d-mannose – As mentioned in the last section above

- Antibiotics – depending on the bacterium and how long you have had the problem, it may be suggested to give a long course
- Hiprex – an anti-septic tablet can help treat and prevent future UTIs
- Self-catheterisation – if you are not able to fully empty your bladder
- Bladder instillations – if other options have not worked, these can help reduce infections and associated pain

Cystoscopy and urethral dilatation are not treatments for recurrent UTIs and urethral dilatation in particular should be used very cautiously in women because it increases the risk of developing urinary stress incontinence.

Support organisations

IUGA leaflets - <https://www.yourpelvicfloor.org/leaflets/>

BSUG Patient leaflets - <https://bsug.org.uk/pages/for-patients/bsug-patient-information-leaflets/154>

Bladder and Bowel UK - <https://www.bbuk.org.uk/>

The Chronic UTI campaign - <https://cutic.co.uk/>

Bladder health UK - <https://bladderhealthuk.org/>

Chronic UTI info - <https://www.chronicutiinfo.com/>

The above organisations and websites offer information and support to help empower you take back control from the infections and live more in control of your life again.

Useful contact numbers:

- **Urogynaecology Clinical Co-Ordinator**
Monday to Friday (excl. BH) - **0151 676 5619**
- **Day Surgery Unit St Helens Hospital (Sanderson Suite)**
8am-9pm Monday to Friday – **01744 64 6089**
- **Pre-assessment Clinic - 01744 64 6395**
9am-5pm Monday to Friday
- **Surgical Assessment Unit - 0151 430 1637**
after 9pm, weekends and bank holidays
- **Outpatients Department, St Helens Hospital**
9am-5pm Monday to Friday – **01744 64631 / 6300**
- **Main Switchboard – 0151 426 1600**

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Warrington Road,
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