

## Self-Help Information for Recurrent Cystitis in Women Frequently Asked Questions

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**4A Ward** – 0151 430 1420

**4B Ward (Monday to Friday only)** – 0151 430 1440

Whiston Hospital  
Warrington Road,  
Prescot, Merseyside, L35 5DR  
Telephone: 0151 426 1600

St Helens Hospital  
Marshall Cross Road,  
St Helens, Merseyside, WA9 3DA  
Telephone: 01744 26633

 /sthknhs  @sthk.nhs

[www.sthk.nhs.uk](http://www.sthk.nhs.uk)

**Author/Dept.** Surgical Care Department  
**Document Number:** STHK1065  
**Version:** 004  
**Review Date:** 31/07/2021

## What is Cystitis?

Cystitis is inflammation of the bladder lining. It is common for the water outlet pipe (the urethra) to be affected as well. This makes the bladder and urethra very sensitive, a situation which is often made worse by acids in the urine.

The usual symptoms are one or more of the following:

- ◆ A feeling of discomfort when you pass urine, usually a stinging or burning pain in the urethra;
- ◆ A constant feeling that you want to pass urine: although you may be bursting to go, there is hardly any urine in the bladder;
- ◆ A dragging ache in your lower tummy; and
- ◆ Dark or 'strong' urine which may contain visible blood.

## What is the cause?

Cystitis affects more than half of the women in this country at some time in their lives. Many women suffer repeated attacks.

The commonest cause is that bacteria enter the bladder through its entrance (the urethra). This happens because the entrances to the urethra, vagina and anus are very close together in women, so bacteria can easily get to the bladder.

If you are prescribed antibiotics, you must complete the course as instructed. You should produce a mid-stream urine specimen seven to ten days after you have finished the antibiotics, to check that the infection has cleared.

Some patients' repeated attacks of cystitis can be controlled by long-term, low-dose antibiotics. Your GP will advise you on the need for this.

## Are there any other important points?

This booklet includes advice from specialists, the British Association of Urological Surgeons, the Department of Health and other sources. You should read this booklet with any advice your GP or other healthcare professional may already have given you. Alternative treatments can be discussed in more detail with your urologist or specialist nurse.

## Disclaimer

While we have made every effort to be sure the information in this booklet is accurate, we cannot guarantee there are no errors or omissions. We cannot accept responsibility for any loss resulting from something that anyone has, or has not, done as a result of the information in this booklet.

Some women continue to suffer problems with recurrent cystitis after sex. In this situation, it is best to take a single antibiotic tablet (norfloxacin, trimethoprim or cephalexin) immediately after sex. It may also help to take regular cranberry juice or tablets. Cranberry preparations help to restore the protective lining of the bladder and can prevent infection getting into the bladder wall.

### **When should I contact my GP?**

You should always contact your GP for a sudden attack of cystitis. He/she will normally ask you to provide a mid-stream urine specimen. If you have a vaginal itch or discharge, he/she may also take a vaginal swab from you. If the infection persists, or has spread to your kidneys, a referral for X-ray, ultrasound or to a specialist in urinary disease may be arranged.

### **What treatment will my GP give me?**

The causes of cystitis are different for different people. Your doctor will advise you on what is best for you. He may give you antibiotics but may not, in fact, prescribe anything, but just give you simple advice as outlined above.

The commonest bacteria which cause cystitis are E coli. These are found in large quantities in the bowel where they do no harm. Urine normally contains no bacteria but, if germs do get into the bladder, they can cause cystitis.

Occasionally, cystitis can be caught from a sexual partner who has an infection but, in sexually active women, the usual cause is friction on the opening of the urethra during intercourse. This is sometimes known as honeymoon cystitis.

In most cases, the infection is more of a nuisance than a danger. It can, however, spread up from the bladder to the kidneys and this can be dangerous. This is most likely in girls under the age of 15 and in those who let the condition persist without seeing their doctor.

## What can I do about it myself?

There is a lot you can do for yourself both to relieve an attack and to prevent another one, but you should always see your doctor first:

- ◆ As soon as you feel the first twinges, start drinking water or another bland liquid such as milk or weak tea. Avoid strong coffee, tea or alcohol. For the first 3 hours, drink at least half a pint every 20 minutes to flush out the infection before it gets a grip;
- ◆ Take one tablespoonful of bicarbonate of soda dissolved in water as soon as possible and repeat this every three to four hours. This reduces the acidity of the urine and helps relieve the stinging;
- ◆ Keep warm and place a hot water bottle over your tummy or between your thighs to ease the abdominal discomfort;
- ◆ Take a mild painkiller such as aspirin, paracetamol or codeine;
- ◆ Do not self-medicate with antibiotics left over from previous infections or from other people; and
- ◆ If you have been prescribed “self-start” antibiotics by your doctor or urologist, start taking the tablets after you have provided a urine sample for your doctor to send to the laboratory.

## How can I prevent further attacks?

- ◆ Drink plenty (3-4 pints) of bland liquid (as above) each day to help keep the bladder clear of germs;
- ◆ Keep yourself extra clean ‘down below’ by using a separate flannel to wash yourself morning and night;
- ◆ Use plain water for washing;
- ◆ Always wipe from ‘front to back’; and
- ◆ Avoid bubble baths, talcum powder, all personal (vaginal) deodorants and feminine wipes;
- ◆ A bath every day is not necessary and may, in fact, be harmful. A shallow bath is better than a deep one and a shower is better still.

If your symptoms are caused by sexual intercourse, wash carefully with plain water before having sex. Use a special lubricant (KY Jelly) during intercourse; this is available over-the-counter without prescription. It is also helpful to empty your bladder immediately after intercourse if you can.