Recurrent Urinary Tract Infections (UTI’s) in women

This booklet is designed to help women understand more about recurrent urinary tract infections and the choices available. Please keep it and take it with you to your appointments.

A collaborative process that allows patients and their providers to make health care treatment decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.
Infections affecting the urinary tract are very common; affecting most women at least once in their lifetime, but up to one in five women will have problems with repeated infections.

They are more likely in women who are sexually active, pregnant or post-menopausal but they can happen at other times.
A urinary tract infection (UTI) is the invasion of your urinary tract (urethra, bladder and kidneys) with bacteria, which then causes you symptoms.

Your symptoms will depend on the part of the urinary tract involved. For the purposes of this booklet we will be considering infections in the bladder, commonly called ‘cystitis’.

The ‘cystitis’ symptoms you may experience with a UTI may include:

- 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 water pipe (urethra) on passing urine or pain at the end of passing urine.
- Sometimes you may also notice that your urine becomes cloudy or even stained with blood.

If you have a mild infection, it can often clear within a few days and may not always need antibiotics. More severe infections will probably require treatment.

The good news is that there are lots of things which you, your pharmacist, practice nurse or doctor can do to help you manage your recurrent cystitis.

However, if you experience blood in your urine without any other symptoms, please make sure you talk to your GP urgently as they may need to investigate it.

What is a recurrent urinary tract infection?

A recurrent urinary tract infection is when the infection keeps returning, for example:

- 2 or more times in the last 6 months
- 3 or more times in the last 12 months
In women, there is only a short distance between the water pipe (urethra) and the back passage (anus).

The most common bacteria that cause UTI are E. coli. These bacteria ordinarily live inside our colon and are essential to keeping the colon healthy.

These bacteria from the colon are often spread when people open their bowels and because the water pipe is so close then this can lead to the bacteria gaining access to the urinary tract.

The body has its own defence mechanism to try and stop this happening - vaginal secretions. These secretions are rich in ‘healthy’ bacteria that help to stop these colonic E.coli from reaching the water pipe.

Common things like sexual intercourse, constipation and urinary or bowel incontinence can increase the risk of UTI by either disrupting the vaginal secretions/bacteria or by allowing overgrowth of the “healthy” bacteria with colonic bacteria.

Other things like soaps, wet wipes etc. can cause inflammation of the delicate genital skin and wash away vaginal secretions, and thus can also increase the risk of a UTI.

Often recurrent UTI can run in families and it is thought that there is a genetic reason for this with a mildly altered constitution of the urine making you more susceptible to UTI.
One of the most effective things you can do to help prevent cycles of recurrent infection is to make some simple changes to your lifestyle. These include:

- **Wiping “front to back”:** After going to the toilet it is important to push the toilet paper from the front, near your water pipe, towards your bottom. If you pull the paper from near your bottom towards your water pipe you can transfer bacteria closer to the water pipe, making it easier for them to cause an infection.

- **Drink plenty of water:** Many people just don't drink enough water. If urine is dark yellow or brown in colour it is showing you that you are dehydrated. If you do not drink plenty then you often do not pass urine frequently, which means the bladder stores urine for a longer time between emptying and so can act as reservoir of bacteria. You should try to drink enough fluid to keep your urine pale yellow or even clear. You should aim to drink 2 litres per day, unless you have been advised otherwise.

- **Avoid soaps, shower gels and “intimate hygiene” products:** Washing with soap or other products removes this natural protection of the vaginal secretions and can even cause chemical irritation, which promotes infection.

- **Limit washing the vaginal area to once a day:** Ladies with UTI’s often believe the infection arises as they are not clean enough and so try to improve hygiene in the vaginal area by washing more than once a day. This practice, unfortunately, has the opposite effect as it washes the ‘healthy’ vaginal secretions away.

- **Sexual hygiene:** Women may experience UTIs after having intercourse as your normal bacteria can move around and travel into the bladder during intercourse. Passing water and washing gently with warm water after sex can help reduce the amount of bacteria present which may cause infection.

- **Constipation:** Avoid constipation with a diet full of fibre and a healthy intake of fluid. If this is a continuing problem then this may be something you wish to discuss with your GP or nurse.

- **Incontinence:** Treating incontinence, whether urinary or faecal, can help reduce the risk of UTI, so if you are suffering with these symptoms please discuss this with your GP or practice nurse.
Not everyone needs to see their doctor for a simple UTI. Increasing your intake of water at the first sign of symptoms can sometimes be enough to flush out the bacteria before an infection can fully take hold.

- **Increasing fluids:** In mild cases of UTI simply increasing your fluid can be enough to simply flush through the infection.

- **Cystitis remedies:** There are several preparations available from pharmacies that help to change the acidity of the urine using a chemical called sodium or potassium citrate. These can make it more comfortable to pee while you are trying to flush out the infection. These are not suitable for people who need to avoid salt but are safe to use in all other people.

- **Soda water or bicarbonate of soda:** Their use is along the same principle as cystitis remedies to change the acidity of the urine making it more comfortable to pass water as well as helping you flush out the infection.

- **Limit caffeinated or carbonated drinks:** It is recommended to avoid caffeinated drinks such as tea, coffee and some carbonated drinks as well as citrus drinks as these could make you go to the toilet more, therefore it’s best to stick to plain water.

**Please note:** If you have fevers, vomiting, uncontrollable shakes and shivers (rigors) during your UTI, you must seek urgent medical help as it may mean you have a kidney infection.

### DIP UTI – Pharmacy support for testing and treating

**Who is this service intended for?**

The service is intended for non-pregnant women between the ages of 16–64. Women with diabetes or catheters cannot use the service. Women who would like to use this service must have access to a smartphone.

Find out more at [https://diputi.com/](https://diputi.com/)
Women are prone to UTIs at times in their lives when their hormones are rapidly changing. This can be during puberty, pregnancy and in older age. There are many reasons why UTIs may be more common in older women.

For those reasons, in addition to the above treatments, the following will be considered in older women:

- **Previous pregnancies:** Childbirth and carrying a pregnancy alter your pelvic floor and can make it weaker. Prolapse of the vagina is very common and this can lead to changes in the ability of the bladder to empty properly. If the bladder is not emptying fully, urine can be left behind which is at risk of becoming a source of infection. Your doctor or nurse could examine you to establish this if you feel this is affecting you.

- **Vaginal dryness:** As hormones change during and after the menopause, the tissues of the vagina can become dry and sore with loss of the ‘healthy’ bacteria and the normal secretions. This dryness is called ‘atrophic vaginitis’ and can contribute to recurrent infections. Your doctor should be able to diagnose this with a simple examination. Creams and pessaries containing oestrogen may help reduce the dryness and the number of infections.

- **Not drinking enough water:** If you have other urinary problems such as urgency or needing to go to the toilet very frequently, it can be tempting to reduce your fluid intake to not need to pass urine so often. However, this can make you prone to infections. If you think this is a problem for you, please discuss this with your GP.

- **Incontinence:** Leakage of urine as women get older is sometimes something that women feel they ‘just have to put up with’ as part of ageing. Previous pregnancy, childbirth, overweight and chronic conditions such as lung disease and constipation can all contribute. Wearing pads to cope with incontinence can increase your risk of UTI so if you are suffering with this you may want to talk to your GP or nurse about addressing the incontinence. **You can refer yourself for continence support please see page 11**
You may be asked to provide a urine sample for your GP every time you have a UTI. This allows a pattern of bacteria to emerge, which can guide further antibiotic use. Instructions on how to do this are on page 11.

The chance of finding a condition that explains why you are getting recurrent UTI is very low.

Your GP or Nurse may recommend an ultrasound scan of your kidneys and/or bladder to look for kidney stones and see how well your bladder empties. If these are abnormal then you will need referral onto a specialist.

### Antibiotic Treatments

- **Post-Coital antibiotics**: Some sexually active women will know that they are likely to get cystitis after having sexual intercourse. For these women, a single antibiotic within an hour of having sex can keep them well and stop the cycle of infection.

- **Self-start antibiotics**: This approach is where your GP provides you with a prescription for antibiotics and a urine sample collection bottle. At the start of symptoms of an infection you collect a urine sample to take to your GP practice BEFORE you start taking the antibiotics. This allows you to start treating your infection earlier, but also collects a sample so that any organisms can be identified and if necessary, different antibiotics prescribed.

- **Low dose prophylactic antibiotics**: Prophylaxis means prevention of re-infection. This is where your GP gives you a low dose antibiotic tablet, usually taken at night and for up to 6 months hopefully in order to prevent a build-up of bacteria in your urine.

- **Methenamine hippurate (Hiprex)**: This is a urinary antiseptic. It is a tablet that is taken twice daily. It works by concentrating the urine creating a hostile environment which helps to prevent bacteria from growing.

However, when you stop taking the antibiotics your risk factors may not have changed so it is common for the cycle to start again. If you are on low-dose antibiotics it is still possible to get a UTI. If you become symptomatic while on low dose antibiotics it is important to take a urine sample for your GP to send away for analysis and to change your antibiotics.
This checklist will help you and your doctor or nurse work out what to do next. Please be as honest as you can when you fill it out so that your healthcare worker can give you the best possible advice to suit you.

**Your symptoms**

Have your symptoms improved since you began treatment? Yes ☐ No ☐

If so, which treatment do you feel had the biggest impact?

Are you still getting more than three infections in 12 months? Yes ☐ No ☐

**Things you have already tried**

**Increasing your fluid intake:** How much fluid do you drink now?

How has this affected your infections?
## Is treatment of your recurrent UTI helping?

**Hygiene and sexual hygiene**

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Have using the tips about hygiene improved your infections?</td>
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**Over the counter remedies**

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<th>Question</th>
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<td>Cystitis sachets (citrate)?</td>
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<td>Lots of fluids at the first sign of symptoms?</td>
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<td>Any other over the counter remedy?</td>
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**Have you had to see your doctor for antibiotics?**

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<th>Yes</th>
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<td>If yes, have you been given:</td>
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<td>Hiprex?</td>
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<td>Self-start antibiotics?</td>
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<td>Low dose long term antibiotics?</td>
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<td>Oestrogen cream or pessary?</td>
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**Have any of these helped?**

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If you are in the Chesterfield area you can self-refer by using the online link: -
http://www.chesterfieldroyal.nhs.uk/our-services/physiotherapy/womens-and-
mens-health-physiotherapy or call 01246 512173

If you are in the Derbyshire area you can call the Derbyshire Adult Continence
Advisory Service - 01773 546868

Patients can also get a referral via their GP (GP can complete and send the
paper or online form)

**Instructions for collecting clean urine sample:**

1. Make sure you have a clean container that has been washed thoroughly with soap and water, rinsed and dried
2. Clean around your labia (lips at the entrance to the vagina) using a clean, damp cloth - wipe downwards from front to back of the vaginal area cleaning the cloth between each wipe
3. It is best if you can hold open your labia (skin flap) and pass some urine into the toilet (about the amount of an egg cup). Then without stopping the flow of urine, put the clean container into the stream of the urine.
4. Once the pot is near full, finish passing the rest of the urine into the toilet.