

# Recurrent Urinary Tract Infections

Recurrent urinary tract infection (or UTI) is used to describe situation where infection follows the complete resolution of the previous UTI, generally after treatment with antibiotics. Recurrent UTI occurs in a quarter of women after their first UTI, it seems rather unfair amongst women there will be those who have repeated UTI and those who have never had urinary tract infection at all. Recurrent UTI may be due to relapse of the original organism/bacteria ("bug") or to reinfection with the same or a different bug.

Relapse of infection is defined as recurrence of infection with the same bug within 7 days (bacterial persistence). The more common situation is that the bug is eradicated and then re-infection follows after 14 days or longer with the same or different bug.

There are risk factors for recurrent UTI and these include vaginal prolapse, renal stones, diabetes, congenital (born with) abnormalities and a list of other conditions that much less common. A simple way to check for many of these conditions is to perform a renal tract ultrasound. A clinical examination including a pelvic examination is important to identify some of the conditions that may predispose to infection.

It is also important to accurately document any UTI with a microbiological test of a urine sample. This is because some women report symptoms very similar to UTI and in fact have a different condition and no UTI found on repeated testing. In those who do have infection, important information from testing is gained about the bug causing the infection and the antibiotics that are appropriate for that bug.

After appropriate antibiotic treatment and testing to exclude possible risk factors, there are some things that are done simply to attempt to prevent reinfection. Think of UTI as a war between yourself and the bug. For some women there are specific genetic factors that make it easier for the bug to ascend or climb the urethra, or the tube from the outside into the bladder.

In order to make it harder for these bugs to climb the following is suggested.

1. Wiping from "front to back" after going to the toilet
2. Going to the toilet after intercourse
3. Taking cranberry tablets which make it more difficult for the bugs to adhere to the lining of the urethra and bladder
4. Keeping up your oral fluids (not too much caffeine)
5. Correcting any oestrogen (female hormone) deficiency with topical oestrogen cream or pessaries



6. Taking probiotics (for example inner health) which increases a number of good bacteria in the perineal area which then compete with the bacteria or bugs causing urinary tract infection

Where these measures fail, you may be advised to take a course of prophylactic antibiotics. These are usually given for 3 months and taken at a low dose and at night. Think of this period as an opportunity to tip the balance in your favour and employ the simple measures at the same time. Some women will require ongoing period of prophylactic antibiotics and in order to prevent causing resistance we usually recommend rotating the antibiotics each 3 months.

It is also important to correct any other potential risk factors for recurrent UTI. This includes controlling diabetes, losing weight where possible, discontinuing spermicides and sometime double voiding to assist with bladder emptying.

For some patient's there is a clear precipitant, such as post intercourse infection. In this instance a short course of antibiotics can be prescribed to take after intercourse to prevent infection. Some patient's also manage their infections with "self start" therapy where they carry a prescription for an antibiotic they have received in the past and at the first sign of infection, they get started. You should also submit a urine specimen before you start the antibiotics in this instance.

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