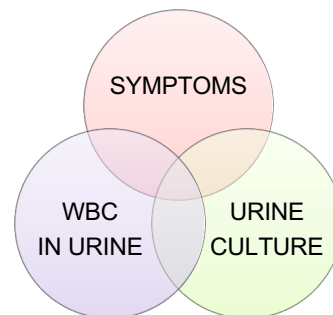


Recurrent Bladder Infections in Females

Information
for Patients

Urinary Tract Infection (**UTI**) = infection of bladder +/- kidney
 Acute bacterial cystitis (**ABC**) = bladder infection



Fast Facts

- 1 in 2 women have a UTI in their lifetime and 1 in 5 with UTI have more than 2 per year
- Almost always *ascending* ('outside – in')
- Rarely serious or long-term effects unless UTI ascends to involve the kidney (pyelonephritis) or occur during pregnancy
- Inherent risks: very young or post-menopausal, 'sticky' mucosa (facilitates bacterial adhesion - e.g. Type O blood group), intercourse
- Almost never related to hygiene

Maintaining a healthy vaginal microbiome (ecosystem) is critical to preventing recurrences – this means carefully choosing antibiotics, taking probiotics and using vaginal estrogen in some cases. Antibiotics destroy both the bad and the good bacteria – probiotics and vaginal estrogen (in select cases) may help re-establish the flora.

Goals of therapy are to reduce the frequency and severity of recurrences and treat infections promptly to minimize pain and suffering.

PREVENTION	TREATMENT
<p>Vaginal Estrogen: Premarin, Vagifem #</p> <p>Mendelamine (methenamine): sterilizes urine. Requires acidic urine to work. Powder, liquid or pill.</p> <p>Probiotics: Lactobacillus strains</p> <ul style="list-style-type: none"> • Lactobacillus crispatus • Lactobacillus rhamnosus GR1 • Lactobacillus reuteri RC14 • Take by mouth as directed and while on antibiotics for <i>any</i> reason • e.g. Metagenics UltraFlora Women's <p>Cranberry extract*: proanthocyanidins (PAC) 36 Pac – e.g. Utiva ©</p> <p>D-mannose*</p> <p>Avoid constipation^: bran buds, fruits and vegetables, Restoralax (PEG)</p> <p>Other*: urinate after intercourse, wipe the anus front to back, fluid intake</p>	<p>Self-Start Antibiotics: take if symptoms of infection occur</p> <ul style="list-style-type: none"> • Who: women with recurrent UTI that have identifiable symptoms • When: take as directed when you have symptoms – usually 3 days of treatment • Always see a doctor if you have fever or symptoms don't improve <p>Prophylactic Antibiotics: 2 options</p> <ul style="list-style-type: none"> • Pericoital: take a single dose before or after intercourse • Regularly: options include nightly, every few days or weekly • Intravesical gentamicin: option for patients on self catheterization <p>Anti-inflammatories: Ibuprofen/Advil</p>

There is no evidence that vaginal estrogen use is associated with hormone sensitive cancers; * Evidence for intervention weak but not harmful and may be helpful; ^ Bran buds + 1/3 cup of water; beans, whole grains, apples, pears, prunes and berries