

Lower Urinary Tract Infection (Lower UTI, cystitis)

Infection of the lower urinary tract occurs when the inner lining of the bladder becomes infected and the urine is full of bacteria. In pregnancy, 5 - 10% of women have bacteria in their bladder.

How common?

Up to 40 – 50% of women will have at least one attack in their lifetime and 25% will have recurrences.

Causes

- Bacteria can reach the bladder from another part of the body through the bloodstream or may enter the bladder from the genital and anal area.
- Injury to the urethra or the bladder.
- Prolonged use of a urinary catheter to empty the bladder, such as during childbirth or surgery.

Risk factors

- Sexual activity.
- Infection in other parts of the genitourinary system.
- Pregnancy.
- Poor hygiene.
- Menopause.
- Diabetes mellitus.
- Underlying abnormalities of the urinary tract, such as tumours, calculi (stones), and strictures.
- Incomplete bladder emptying.

Common symptoms and signs

- Burning or stinging pain or discomfort during urination.
- Frequent urination, although the urine amount may be small. A need wake up to urinate more often at night.
- Sensation of incomplete bladder emptying.
- Pain or discomfort over the bladder area.
- Low back pain.
- Blood in the urine; bad-smelling urine.
- Fever and occasional chills.
- Painful sexual intercourse.
- Incontinence (loss of urinary control).

Investigations and diagnosis

- Investigations may include urinalysis, careful urine collection for bacterial culture, cystoscopy (examination of the bladder with a lighted optical instrument) and ultrasound scan of the urinary system. Other blood and imaging tests will depend on the findings after the above preliminary investigations.
- The diagnosis is confirmed when the urine culture showed presence of significant microorganisms.

Complications

Inadequate treatment can lead to chronic bladder infections, kidney infection and, in rare cases, kidney failure.

Treatment

- Treatment is usually with antibiotics. You should complete the course of antibiotics. Some antibiotics may cause certain side effects. If the side effects are troubling you, you should let your doctor know about this so that another type can be chosen to eradicate the infection. A repeat urine culture is usually requested after treatment to ensure that the infection is no longer present.
- Warm baths may help relieve discomfort.
- Avoid sexual intercourse until you have been free of symptoms for 2 weeks to allow inflammation to subside.
- Avoid dehydration. In general, you should aim to drink 6 to 8 glasses of water daily. Avoid caffeine and alcohol during treatment.

Prevention

- If possible, you should try to urinate right after intercourse.
- Use a water-soluble lubricant if you have vaginal dryness, such as K-Y lubricating jelly during intercourse.
- Do not douche or use feminine hygiene sprays or deodorants. Avoid bubble baths, chlorinated pools, and spas.
- Clean the anal area thoroughly after bowel movements. Wipe from the front to the rear, rather than rear to front, to avoid spreading faecal bacteria to the genital area.
- Use cotton underwear.
- Avoid postponing urination.
- In women with frequent recurrence of infection associated with intercourse, antibiotics may be prescribed for use prior to sexual intercourse.

SEE YOUR DOCTOR IMMEDIATELY IF THERE IS:

- Blood appears in the urine.
- Discomfort and other symptoms did not improve after you have taken the antibiotics for 48 hours.
- Worsening fever or pain.
- New, unexplained symptoms develop.
- Symptoms recur after treatment.

Disclaimer

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

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