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Urinary Tract Infections (UTI) in Females

Your Doctor has referred you for a surgical evaluation for recurrent urinary tract infections. It is a very common problem. There are many risk factors that predispose you to UTI including sexual **intercourse, use of spermicides, urethral narrowing, foreign bodies (e.g. bladder stones), inadequate emptying of bladder (delaying urination, atonic bladder commonly seen in diabetes) constipation, inadequate fluid intake and menopause.**

Unfortunately, recurrent UTI are a fact of life for many women and the goal here is to minimize the number of infections. My role as your urologist is to help identify risk factors for UTI and to identify potentially treatable conditions like narrow urethra, bladder stones and high post void bladder residuals. To identify these factors, a cystoscopy (camera evaluation of bladder and urethra) and pelvic exam are performed. Sometimes a renal/bladder ultrasound is arranged for further investigation.

Voiding after intercourse, wiping from front to back after urination have long been recommended to decrease infections and I support these recommendations. The use of bubble baths and bathing (as opposed to showering) have also been implicated in recurrent UTI but I do not think they make a significant contribution. D-mannose is a natural remedy that decreases the “stickiness” of your bladder to bacteria and I think it is helpful. Cranberry juice/tablets have been reported to help and I think they are worth trying.

Once your urological evaluation is complete and deemed normal which is often the case, you may still suffer from recurrent infections. You have several options {see below} which you should discuss with your family doctor. Asking your family doctor for a “standing order for urine culture with lower urinary tract symptoms” will result in more timely treatment as you can give a urine sample at the lab without visiting your doctor. This is important so the susceptibility of the bacteria can be determined to ensure the proper antibiotics are being prescribed.

Post coital antibiotic therapy	Low dose antibiotic to be taken after intercourse. This is very common and is not associated with much complication because the doses are so small. It is not unusual for women to do this for months and even years at a time,
Low Dose continuous prophylaxis	Sometimes no clear cause is identified and yet the number and severity of infections is significant. A single daily dose of antibiotic is prescribed usually at night time or every other night. Patients can be on this for 3-6 months and sometimes longer.
Estrogen replacement	After menopause, the lack of female hormones results in a change in vaginal pH which alters the normal populations of “good bacteria” and thus “bad bacteria” have a greater propensity to infect the bladder. Topical estrogen treatment with either premarin cream or Vagifem Tablets (vaginal suppositories)
Self start Intermittent Therapy	Patients often know when they have an infection because of symptoms and it is not unreasonable to have a few prescriptions for antibiotics on file at your pharmacy. You can then initiate treatment for your infections on your own.