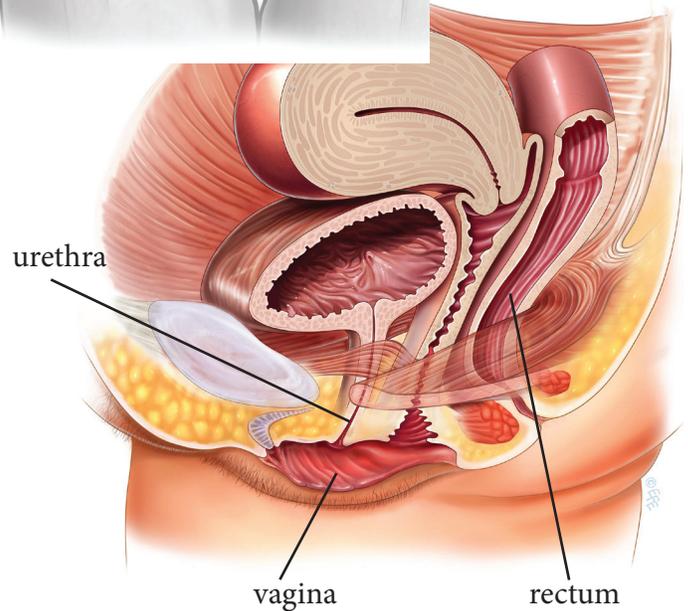
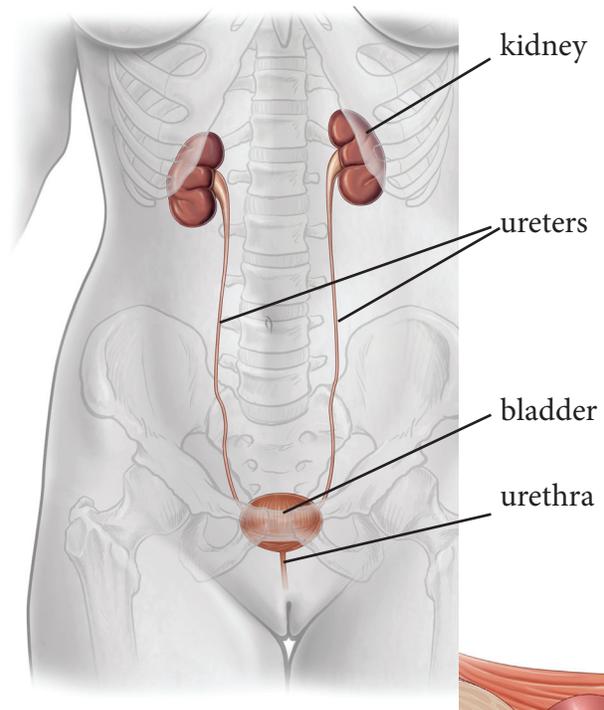


Urinary Tract Infection (UTI)

A Guide for Women

1. What is urinary tract infection?
2. How do I know if I have urinary tract infection?
3. Why do some women have recurring infections?
4. Am I at higher risk of urinary tract infection after surgery?
5. How does my doctor know I have urinary tract infection?
6. Preventing urinary tract infection.
7. How is urinary tract infection treated?



Introduction

The urinary system is composed of the kidneys, ureters, bladder and urethra. This system plays an important role in removing wastes from your body. The kidneys are a pair of bean-shaped organs that lie in the middle of the back, just below the rib cage. One of their functions is to filter waste from your blood. Tubes called ureters carry these wastes or urine from your kidneys to your bladder, where it is stored until it exits the body through the urethra. All of these components can become infected, but most infections involve the lower tract — the urethra and the bladder.

What is urinary tract infection?

A urinary tract infection is an infection that can occur anywhere along the urinary tract. Urinary tract infections have different names, depending on what part of the tract is infected. Most urinary tract infections are caused by bacteria such as E.coli that live in the colon (especially the rectum).

Names given to urinary tract infection include cystitis which is infection of the bladder; urethritis which affects the urethra (the tube that empties urine from the bladder to the outside). Infection of kidneys leads to a more serious condition called pyelonephritis.

Adult women are most commonly affected as their urethra is shorter than men and opens nearer to the anus. This means it is easier for bacteria to enter the urinary system and cause an infection. About 40% of women get at least one attack of cystitis in their lifetime. It is more common in sexually active women, during pregnancy, after surgery and menopause.

How do I know if I have urinary tract infection?

You may feel pressure in the lower pelvis or lower back ache. There may be stinging, painful or frequent urination along with urgent need to urinate often with little or no urine being passed. Often there is need to urinate at night and the urine may also become cloudy or smell unpleasant. Blood in the urine and fever can also occur along with nausea, vomiting and chills indicating a severe infection.

Why do some women have recurring infections?

Your body has defenses to prevent infections. However it is possible there may be a slight alteration in the ability of the body to resist bacteria getting into the bladder and causing infection. Bladder or kidney problems may increase the susceptibility to infections. Having sex increases the chance of cystitis in some women.

Your vagina, bladder and urethra are under the influence of the hormone oestrogen. After menopause the levels of oestrogen in the body reduce and the tissues become thinner, weaker, and dryer, increasing the risk of recurrent cystitis. Infections are also more common during pregnancy because of changes in the urinary tract. In many cases there is no apparent cause.

Am I at higher risk of urinary tract infection after surgery?

A tube called a urinary catheter inserted into your urinary tract during or after surgery increases your risk of having UTI. Urinary retention is also common after surgery, and can increase the likelihood of infection.

Additional factors like old age, being female and type of surgical procedure can also increase the chances of infection. Diabetes increases the risk, as do surgeries that are done on or near part of the urinary tract. Immobilisation after surgery will also increase the risk.

How does my doctor know I have urinary tract infection?

Testing of the urine may reveal pus cells or red blood cells. A urine culture (clean catch) or catheterized urine specimen may be performed to determine the type of bacteria in the urine and the appropriate antibiotic for treatment. The specimen must be fresh. It is also important that the woman has separated her labia (lips) during urination, to avoid bacteria from the skin and vagina contaminating the specimen. Further investigations may be required to check the urinary system including the kidneys. If you suffer from recurrent urinary infection or if your urine shows more than 30 blood cells you may be advised to have a cystoscopy in which the inside of your bladder is examined using a camera. You may need an ultrasound scan to check your kidneys, ureters and bladder. Urinary tract infections in children are unusual and most doctors would recommend careful investigation in this case.

Preventing urinary tract infection

How can I help reduce my risk of acquiring a urinary tract infection?



- Drink plenty of fluids, water is best, enough to pass clear dilute urine 4 to 6 times per day (about 8 glasses).
- Cranberry juice and taking of vitamin C increase the acid in your urine and help inhibit bacteria from growing.
- Go to the bathroom when you have the urge; don't hang on too long.

- After using the toilet, always wipe from front to back.
- Cleanse your genital area daily but not too frequently or vigorously. Too much scrubbing and cleaning may slightly damage your genital skin. Bacteria thrive better on damaged skin.
- Avoid potential irritants such as perfumed bath oils and vaginal deodorants.
- Avoid sexual intercourse 'from behind.'
- Lubricate adequately during sexual intercourse - it will decrease urethral irritation.
- Go to the bathroom before and as soon as possible after having sex.
- Wear cotton underwear and loose-fitting clothes so air can keep the area dry.
- If you have diabetes, keep your blood sugar under control.

How is urinary tract infection treated?

When you have a urinary tract infection drink plenty of water so your urine is very diluted. Make your urine less acidic by mixing a teaspoon of bicarbonate of soda with half a pint of water; this will make it sting or burn less when you pass urine. Over-the-counter remedies containing sodium citrate or potassium citrate are also available in solutions or sachets from most pharmacies.

For a simple bladder infection, your physician may prescribe antibiotics for 3-5 days. For a bladder infection with complications such as pregnancy or diabetes, OR a mild kidney infection, you will usually take antibiotics for 7 - 14 days. It is important that you finish all the antibiotics, even if you feel better. If you do not finish all your antibiotics, the infection could return and may be harder to treat. Ask the doctor for advice again if the symptoms don't improve after 24 hours or get worse, if blood is present in the urine or if symptoms are accompanied by fever, loin pain or lower backache.

If you are very sick and cannot take medicines by mouth or drink enough fluids, you may be admitted to the hospital for treatment and prevention of spread of infection and damage to urinary and other organs.

If you suffer from recurrent cystitis you may need a low dose of an antibiotic regularly for a few weeks.

A urinary tract infection is uncomfortable, but treatment is usually successful.

