RECURRENT URINARY TRACT INFECTIONS



- * Key symptoms
- * Painful urination
- New or worsening urinary frequency or urgency
- * Supra-pubic pain
- * New night time toilet visits

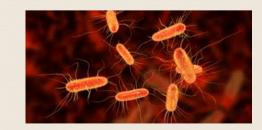
We ask that all women who suffer with recurrent UTI make appointments with our medical team for assessment with ongoing six monthly review.

DIAGNOSIS

Recurrent urinary infection is confirmed by two separate culture-proven episodes of acute bacterial cystitis in six months, or three in one year.

In peri-menopausal women and post menopausal women, symptoms that may be perceived as a UTI are painful urination, cloudy urine, vaginal dryness, vaginal/perineal burning, bladder or pelvic discomfort, frequency and urgency. These symptoms tend to be more chronic in nature.

Many older women will have bacteria in their urine and this may actually protect against the more problematic infection causing bacteria. Treating asymptomatic bacteriuria is not recommended.



PREVENTION HINTS & TIPS

- Bacteria take 3 hours to colonise the urethra, so drink enough fluids to pee every 3 hours.
- Address constipation, a full colon causes urine to pool in the bladder and increases risk of infection.
- * Drink before sex, pee before and after sex.
- * Eat fermented foods, try sauerkraut, kefir, kombucha.
- Take oral probiotics, they help to kill unwanted urinary bacteria. look for ones that contain Lactobacillus (L)
 L. rhamnosus L. reuteri L. reuteri,
 L. casei shirota, and L. Crispatus.
- Perimenopausal & post menopausal women, should talk to us about vaginal oestrogen replacement therapy, this has the strongest evidence to help prevent UTI. It takes 3-4 months for the vagina to return to pre menopause acidity.
- * Stop oestrogen vaginal therapy for five days prior to your smear.
- * Hair is best! Genital hair allows your natural defensive bacteria to live and thrive.
- Prophylaxis antibiotics can be taken prior to sex, just one tablet. Talk to us about this for more information.



