

Recurrent Urinary Tract Infections (UTIs)

What is a urinary tract infection (UTI)?

A urinary tract infection (UTI) is a bacterial infection in any part of the urinary system — the kidneys, ureters, bladder or urethra. A bladder infection is the most common type of infection. People of any age or gender can get UTIs, but they are much more common in women. Studies show that 60% of all women will get a UTI in their lifetime.

What are recurrent UTIs?

A recurrent UTI is having at least 2 positive urine culture episodes within 6 months or at least 3 positive urine culture episodes in 1 year.

What risks factors are associated with recurrent UTIs?

Hormonal status (postmenopausal), hygiene (especially in the case of patients with fecal incontinence), genetic factors (if your mother was prone to UTIs, you may also be more susceptible to UTIs), personal history (UTI before the age of 15 has been shown to be a risk factor) and urinary incontinence can all contribute to your likelihood of developing UTIs.

How are UTIs diagnosed?

The gold standard for diagnosing a UTI is submitting a urine sample for a urine culture with antibiotic susceptibilities. This gives your provider information about the type of bacteria that is causing your symptoms as well as the appropriate antibiotic to treat your UTI. This test takes about 48-72 hours to get results back. Depending on your situation, your provider may start you on antibiotics prior to having these results back but after submitting your urine specimen. Ideally waiting for the urine culture to result allows your provider to prescribe the proper antibiotic.

What can I do for the urinary discomfort (ie burning)?

You can take over-the-counter AZO (Phenazopyridine) as needed for the urinary burning, urgency, and frequency. Another option is Ibuprofen 600 mg every 6 hours or 800 mg every 8 hours as needed for discomfort. Your provider can also call in a prescription for Pyridium, which is the same medication as over-the-counter AZO. Of note, AZO and Pyridium can change your urine an deep orange color, which is normal.

What other screening can be done if I am prone to UTIs?

Depending on your history, your provider may want to do further testing. Your provider may recommend an office cystoscopy (looking in the bladder with a small camera) and/or imaging of your urinary tract/kidneys (renal ultrasound or CT scan).

What are prevention options?

Prevention options can be divided into antibiotic and non-antibiotic regimens.



Antibiotic Regimens:

1. Provider Prescribed – Your provider will call in a prescription for you based on your urine culture results, your symptoms, and your medication allergies.
2. Self-Start – Some patients are given an antibiotic prescription with refills. At the first sign of a UTI, a patient can submit a urine sample and then subsequently start the antibiotic as prescribed while awaiting the urine results.
 - Our office can supply you with lab cups and urine culture prescriptions so you do not need to call the office each time you feel UTI symptoms
3. Postcoital – If your UTIs are related to sexual intercourse, you may take a single dose of an antibiotic immediately before or after intercourse.
4. Suppression – Your provider may prescribe you a single daily dose of an antibiotic usually for a total of 3 to 6 months.

Non-Antibiotic Options – Strong Evidence:

1. Hydration – Guidelines recommend drinking at least 1.5 L/day of fluids, especially water, to flush out bacteria.
2. Barrier Contraception – Avoid certain contraceptives, including spermicides, which can affect your normal vaginal flora (the normal bacteria present in the vagina).
3. Vaginal Estrogen – If you are postmenopausal, your provider may prescribe local estrogen to help prevent UTIs
 - This may be in the form of a vaginal tablet or suppository, vaginal cream or vaginal ring

Non-Antibiotic Options – Some Evidence:

1. Methenamine – A salt that can stop bacteria from reproducing
 - Recommended Dosage: 1 gram twice a day taken orally
2. Cranberry Supplements – Inhibits the binding of bacteria to cells in the urinary tract
 - Recommended Dosage: Variable depending on the brand. No evidence to support one formulation over another
3. D-Mannose – A sugar that inhibits the binding of bacteria to cells in the urinary tract
 - Recommended Dosage: 2 grams once daily or 1 gram twice a day taken orally
4. Vitamin C – Theoretically acidifies the urine
 - Recommended Dosage: 500 mg twice a day taken orally

These recommendations are based on American Urogynecologic Society (AUGS) and American Urologic Society (AUA) guidelines.