

Patients I think I might have...

Urinary Infection (adult)

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Pages in this section contain graphic images (including genitalia) that some may find upsetting.

What should I do if I think I have a urinary infection?

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If you have pain in the bladder area (pictured below), pain when passing urine, a need to urinate frequently or urine that is dark or strong-smelling, especially if you have a fever of 38°C or more, you should contact your GP for further advice

These symptoms are all non-specific. They can be caused by many other conditions such as sexually-transmitted infection, vaginal thrush (in women), chemical irritants (soap & deodorants), stones (in the [kidney](#), [ureter](#) or [bladder](#)), interstitial [cystitis](#), [bladder](#) cancer or inflammation in the [prostate](#) gland ([prostatitis](#)).

It is, therefore, important that you see your GP to arrange appropriate investigations to establish the exact cause of your symptoms. Failure to treat a [bladder](#) infection promptly can cause infection to spread to the [kidneys](#). In severe cases, this may result in blood poisoning (septicaemia).



What are the facts about urinary infection?

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- Most urine infections are caused by bacteria which come from your bowel;
- In women, the [urethra](#) (water pipe) is very close to the anus making it easy for bacteria to reach the [bladder](#) and cause infection;
- Most women have at least one attack of urinary infection during their lifetime and 20% of women suffer repeated attacks. This is more likely in women who are pregnant, sexually-active or postmenopausal;
- [Cystitis](#) in men and children is more serious because it is often caused by underlying problems such as an enlarged [prostate](#), [prostatitis](#) or inherited abnormalities;
- Mild urinary infections usually clear within a few days and may not always require treatment with [antibiotics](#);
- Untreated, more severe infections can involve the [kidneys](#) and may even spread into the bloodstream; and
- Recurrent urinary infections in women can often be managed by simple, "self-help" measures.

What should I expect when I visit my GP?

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Your GP should work through a recommended scheme of assessment for suspected urinary infection. This will normally include one or all of the following:

1. A full history



2. A physical examination

3. Additional tests

What treatments are available for this problem?

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General measures

Mild urinary infections can sometimes be cured by drinking plenty (6-8 glasses) of water daily and relieving any discomfort with simple painkillers (aspirin, paracetamol). It is, however, best to see your GP for advice especially if this is your first urinary infection. If your symptoms are clearly caused by sexual intercourse (so-called "honeymoon cystitis"), you should refrain from sex until your infection has cleared completely.

If your symptoms worsen despite these measures, you should contact your GP immediately.

Antibiotics

More severe infections usually require treatment with antibiotics. Your GP will normally prescribe an antibiotic (pictured) on a "best guess" policy, taking into account any allergies you may have. The drug given initially may need to be changed. This will depend on the results of laboratory culture and on the sensitivity of any bacteria to the antibiotic already prescribed.



Even if no bacteria are grown from your urine sample, there is good evidence that antibiotics can be helpful in curing your symptoms.

You will normally be asked to provide a further urine specimen 7-14 days after you have completed your course of antibiotics. This is important to ensure that there is no infection remaining and that any abnormal white cells or red cells in the urine have been eliminated. If they have not, further investigations may be needed to exclude problems such as stones, bladder cancer or tuberculosis.

Surgery

Surgery is rarely indicated for urinary infection unless there is an underlying causative condition which requires surgical relief.

- In patients (especially children) shown to have reflux of infected urine back from the bladder to the kidneys, surgery may be recommended to stop the reflux; and
- In some women after the menopause, ultrasound shows poor bladder emptying with a large residual urine and inspection of the bladder with stretching of the neck of the bladder under a brief general anaesthetic may be helpful. Hormone replacement therapy (HRT) using tablets, creams or pessaries may be prescribed after the procedure, to prevent the problem from recurring.

 [Download a leaflet about stretching the neck of the bladder](#)

How can I prevent further attacks of infection?


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If you suffer from repeated attacks of urinary infection, especially in women, your GP or urologist may recommend that you take low-dose antibiotics for 3-6 months

As an alternative to long-term antibiotics, you may find it helpful to take cranberry juice or tablets. Cranberry preparations have been shown, scientifically, to reduce recurrent infections. Some patients find tablets more palatable than juice.



There are also a number of measures you can do for yourself to prevent further infections.

 [Download a leaflet about self-help measures to prevent recurrent cystitis in women](#)

More resources on Urinary Infection (adult)

Some/all of these resources are links to external sites, the content on which BAUS accepts no responsibility for.

[Patient UK](#)
Information about urinary tract infection in adults

[National Kidney and Urologic Diseases Information Clearinghouse](#)
Information from the USA about urinary tract infections

[NHS Choices](#)
NHS-approved information about urinary tract infection in adults & children

