

## **URINARY TRACT INFECTIONS**

Urinary infections are common in women particularly after becoming sexually active and then again at the time of menopause. In most cases, no underlying cause is found. It is only considered abnormal to have more than 3 documented (as proven on urine testing sent to a laboratory) in 12 months.

### **Who is likely to get urine infections?**

- Women are more likely to get urine infections than men because men have a longer urethra (tube from the bladder to the outside).
- Women who are sexually active.
- Women who are around and after the menopause.
- Diabetics, especially those with poor sugar control (the sugar in the urine encourages bacteria growth).
- People with urinary tract abnormalities.
- People who don't drink enough water.

### **What tests do I need?**

- Urine tests sent to the laboratory to confirm the presence of bacteria and which bacteria are present. It is important to make the correct diagnosis and ensure that the correct antibiotic treatment is given. If these tests are not sent, the incorrect antibiotic may be given which has the risk of incomplete treatment and antibiotic resistance.
- Fasting blood sugar level to exclude diabetes.
- Renal (kidney) Ultrasound to exclude urinary tract abnormalities such as kidney stones or anatomical abnormalities.
- Cystoscopy (a medical telescope) to look inside the bladder especially if there has been blood seen in the urine.

### **What can I do to prevent urine infections?**

In most women, no underlying cause is found for the urine infections and the main treatment will be to prevent urine infections and avoid multiple courses of antibiotics. These measures will not completely prevent urine infections, but the aim to decrease the overall number of infections.

- Drink enough water. Aim for 6-8 glasses of water per day. The urine that you pass should ALWAYS be a very pale yellow colour.
- Wipe from front to back after going to the toilet.
- Pass urine immediately after sex.
- Change tampons regularly (every 3-4 hours).
- Use plain soaps to clean the genital area and never wash inside the vagina (this changes the normal bacteria and encourages the bacteria that cause urine infections).
- Move your bowels every day (keeps the bacteria count low in bowel and genital area).

- After menopause, use vaginal estrogen regularly. This changes the type of bacteria in the vagina and makes urine infections less likely in post menopausal women. Ask your doctor for a prescription.
- Use regular Hiprex which is a urinary antiseptic. This can be taken regularly to prevent urine infections. It is taken twice a day and best used with 1g of Vitamin C daily at the same time. **STOP TAKING HIPREX IF YOU ARE ON ANTIBIOTICS FOR ANY REASON.** You can then restart the Hiprex after the course of antibiotics. Do not use URAL with Hiprex. You can buy Hiprex from your chemist without a script.
- D-mannose is a sugar (but it is not metabolised by the liver, so doesn't increase blood sugar levels) and is the active ingredient in cranberry juice. It sticks to the bacteria within the urine, stopping them from taking hold and causing infection. It has been shown to be as effective as low dose antibiotics without the side effects of long term antibiotics. The dose is 2 grams daily. You can ask your chemist or buy online at [www.d-mannoseaustralia.com.au](http://www.d-mannoseaustralia.com.au)

#### **What other treatments are available?**

- Low dose antibiotics can be trialled for a few months to get the urine infections under control. It is important to ensure that the infections are proven by laboratory testing before this treatment is started. After a few months, this can usually be ceased but it is important to continue with the simple measures discussed to prevent urine infections.
- Sodium Hyaluronate with Chondroitin sulphate can be used to decrease urine infections by coating the bladder in a protective layer and repairing this layer which may be damaged in women with recurrent infections. This treatment is over 3 months (weekly for the first month, then fortnightly for the second month, then monthly). The medication is put into the bladder via a small catheter and held in the bladder for as long as possible. Cost is approximately \$2000 for the 3 months course and is not claimable on Medicare or Private Health Funds currently.