



Recurrent Bladder Infections

Women may develop recurrent urinary tract infections (UTI's). This is by definition more than three documented UTI's in one year. The infections should be confirmed by a urine culture and sensitivity. If a urine culture is negative for infection, other causes of pain, burning, and frequency should be investigated. There is no benefit of antibiotic treatment if the urine culture is negative.

Young healthy women with UTI whose symptoms improve with antibiotics do not usually require further testing. However, testing may be recommended for some people with recurrent urinary tract infections, especially if there is any possibility of an abnormality in the kidneys, ureter, bladder, or urethra, or if there is concern about other factors that increase the risk of a urinary tract infection (e.g., kidney stone).

Women with recurrent urinary tract infections may be advised to take steps to prevent UTI's, including one or more of the following:

- If using spermicides or a diaphragm for birth control, consider an alternate method of birth control.
- Consider taking cranberry extracts. In the laboratory, cranberry extracts appear to decrease the ability of E. coli to stick to the cells lining the urinary tract. More definitive studies are needed before cranberry juice or supplements are routinely recommended for this purpose.
- Urinate soon after intercourse
- Drink 32 – 64 ounces of fluid each day
- Postmenopausal women should consider using prescription vaginal estrogen. Estrogen is thought to promote the growth of normal bacteria in the vagina while preventing the growth of harmful bacteria.

Prophylactic antibiotic treatment should be considered for women who continue to develop UTI's despite other preventive measures. Antibiotics are highly effective in preventing recurrent UTI's and can be taken one of two ways.

- Daily for 6 months
- After sexual intercourse

If a bladder infection occurs while using prophylactic antibiotics to prevent a UTI, then a culture must be obtained and a different antibiotic should be used to treat the infection. It is important to distinguish the type of bacteria and the sensitivity to the treatment.

If UTI's continue despite the prophylactic antibiotics, further testing is necessary to rule out other possibilities. Tests for these conditions may include an ultrasound, cystoscopy (looking inside the bladder with a thin, lighted telescope-like instrument) or intravenous pyelogram (IVP). Anyone who continues to have blood in the urine after a urinary tract infection has cleared should have further testing.