

Recurrent Female Urinary Tract Infections *(page 1 of 2)*



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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

Name: Melissa Davies
Role: Consultant
Date written: July 2015
Review date: December 2021
Version: 1.0
Code: P11297

What is cystitis?

Cystitis is inflammation of the bladder lining. It is common for the water outlet pipe (the urethra) from the bladder to also be affected. This makes the bladder and urethra very sensitive, a situation often made worse by acids in the urine.

The usual symptoms are one or more of the following:

- a feeling of discomfort when passing urine, usually a stinging or burning pain in the urethra
- a constant feeling that you need to pass urine
- a dragging ache in your lower abdomen
- dark or “strong” urine which may contain visible blood.

What can I do about it myself?

You should always see your doctor but there is a lot you can do for yourself both to relieve an attack and to prevent another one:

- as soon as you feel the first twinges, start drinking water or another bland liquid such as milk or weak tea. Avoid strong coffee, tea or alcohol. For the first 3 hours, drink at least half a pint every 20 minutes to flush out the infection before it gets a grip;
- take one tablespoonful of bicarbonate of soda dissolved in water as soon as possible and repeat this every 3 to 4 hours. This reduces the acidity of the urine and helps to relieve the stinging;
- keep warm and place a hot water bottle over your tummy or between your thighs to ease the abdominal discomfort;
- take a mild painkiller such as ibuprofen, paracetamol or codeine;
- do **not** self-medicate with antibiotics left over from previous infections or from other people;
- if you have been prescribed “self-start antibiotics” by your doctor or urologist, start taking the tablets **after** you have provided a urine sample for your doctor to send to the laboratory.

How can I prevent further attacks?

- drink plenty (3-4 pints) of bland liquid (as above) each day to help keep the bladder clear of germs
- keep yourself extra clean “down below” by using a separate flannel to wash yourself at night and in the morning

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- use plain water for washing
- always wipe from “front to back”
- avoid bubble baths, talcum powder, all personal (vaginal) deodorants & feminine wipes
- a bath every day is not necessary and may, in fact, be harmful. A shallow bath is better than a deep one and a shower is better still
- topical oestrogen – vaginal oestrogen pessaries in post-menopausal females (available on prescription from your GP).

UTI and sexual intercourse

Some women continue to suffer problems with recurrent cystitis after sexual activity. Talk to your GP about this. You may be advised to take a single antibiotic tablet (nitrofurantoin, trimethoprim or cephalexin) immediately after intercourse. It may also help to use a water-based lubricant such as KY jelly.

Alternative treatments

These are available from health food shops, larger supermarkets and online. There is some scientific evidence to support the use of these treatments, however they are not available on NHS prescription.

- cranberry capsules (there is limited evidence for the use of cranberry in preventing UTI's but in our experience there some patients have benefitted from it)
- D-Mannose capsules
- vaginal probiotic pessary
- SYMPROVE – oral probiotic.