



SELF-HELP INFORMATION FOR WOMEN WITH RECURRENT CYSTITIS

Information from The British Association of Urological Surgeons (BAUS) about bladder infections

You have been given this leaflet because you have recurrent bladder infections (cystitis). The aim of the leaflet is to provide you with information about what this involves.

We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Recurrent cystitis.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Recurrent%20cystitis.pdf)

Key Points

- Recurrent cystitis is common in women because bacteria from your bowel can easily enter your urethra (waterpipe)
- It is sometimes triggered by sexual intercourse
- Some women have cystitis-like symptoms but without infection
- There are several simple measures which can help relieve an attack of cystitis without resorting to antibiotics
- Special tests are not usually needed
- If you are given antibiotics, you must complete the prescribed course

What is cystitis?

Cystitis is inflammation of the bladder lining. It is common for the waterpipe (urethra) to be affected as well. This makes the bladder and urethra very sensitive and painful, particularly when you pass urine.

The usual symptoms include:

- a feeling of discomfort or pain when you pass urine, usually a stinging or burning pain in your urethra (waterpipe);
- a constant feeling that you need to pass urine, even if there is very little in your bladder;
- an ache in your lower abdomen (tummy);

- dark or “strong” urine which may contain visible blood;
- foul smelling urine;
- in the elderly, urine infection can cause confusion;
- in a few patients, infection can spread from your bladder to one or both kidneys. This is more serious and will make you feel generally ill with fever, nausea and vomiting. You **must** see your GP if you develop these symptoms.

What is the cause?

Cystitis affects more than half of the women in this country at some time in their lives. A lot of women suffer repeated episodes.

The commonest cause is bacteria entering the bladder through the urethra (pictured). This happens because the openings to the urethra, vagina and anus (bowel) are close together in women, and bacteria can get into the bladder easily.

Sometimes, cystitis can be triggered by sexual intercourse.

It is commoner in women after the menopause. This is because the hormone, oestrogen, helps to protect you against urine infection. After the menopause, oestrogen levels become low.

The commonest type of bacterium which causes cystitis is **E coli**. You have many of these bacteria in your bowel, where they usually do no harm; they are also found on the skin around your bowel and vagina. There are many other types of bacteria found in these areas that can also cause cystitis.

In most women, the infection is more of a nuisance than a danger. It will usually settle within a few days, without any antibiotic treatment. Antibiotics may be needed if the symptoms are severe or if they do not settle on their own.

What can I do about it myself?

There is a lot you can do to relieve an attack and stop another one happening:

- as soon as you feel the first symptoms, start drinking water or another liquid;
- avoid strong coffee, tea, alcohol or acidic drinks such as fruit juice or fizzy drinks;
- take a painkiller such as paracetamol and/or ibuprofen (unless you have an allergy or intolerance);
- do not self-medicate with antibiotics left over from previous infections or from other people; and

- if you have been prescribed “self-start” antibiotics by your doctor or urologist, collect a urine sample for the laboratory and start taking your antibiotics.

How can I prevent further attacks?

There are a few things you that may help:

- drink plenty (three to four pints or two litres) of liquid each day;
- only use a gentle plain soap for washing the genital area so as not to wash away “good” bacteria;
- avoid using bubble baths, talcum powder, deodorants & feminine wipes on the genital area;
- try to keep your skin healthy and unbroken by not shaving or waxing close to the vaginal and urethral openings; and
- post-menopausal women may benefit from using a vaginal oestrogen pessary or cream.

If your symptoms are caused by sexual intercourse, try to pass urine and empty your bladder as soon as possible after sex. Think about increasing your fluid intake around the time of sex, to help flush bacteria away from your bladder. If you use a vaginal diaphragm as contraception, consider an alternative method because spermicides can increase the risk of urine infection in some women.

Your doctor may suggest that you take a single antibiotic tablet immediately after sex, to see if this prevents infection. This must be carefully monitored by your doctor to be sure that antibiotics are not over-used.

When should I contact my GP?

You should contact your GP surgery if the simple measures above fail to help or if you feel unwell with fever, nausea or vomiting.

They will usually ask you to provide a “mid-stream” urine specimen. To do this, you must catch a small amount of urine halfway through emptying your bladder. Do not collect the first or last part of the urine flow because this may cause a false result.

If you have a vaginal itch or discharge, your GP may also take a swab to test for infection.

Most people who have recurrent cystitis do not need special tests. You may need a referral for an ultrasound scan or to a urology clinic if:

- you have persistent urine infection;
- the urine infections are very frequent;

- the infection has spread to your kidneys;
- your bladder is not emptying fully; or
- you have visible blood in the urine without an infection.

What treatment will my GP give me?

The causes of cystitis are different for different people.

Your doctor will give you advice on how best to start treating your infection. Most infections will clear within a few days with simple measures such as drinking more fluid, usually without antibiotics. If you are prescribed antibiotics, you must complete the course as instructed. Once your urine test results are through, your doctor may contact you to change antibiotics if your symptoms have not settled.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.