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URINARY TRACT INFECTIONS (UTIs)

Bladder infections, also called urinary tract infections (UTIs), are commonplace in women. Although they may occur in men, this is very rare.

Risk Factors

Most urinary tract infections occur spontaneously and are not the result of personal habits of hygiene. Risk factors for recurring infection include:

Previous UTI

Sexual intercourse

Lack of hormones (post-menopausal state without hormone supplementation)

Symptoms

Most people are aware of these, but if you've not had a UTI previously, here is the list:

Frequent urination

Burning with urination (painful)

Cloudy urine

Blood in the urine

Fever (low grade or high temperature)

Evaluation

If possible, it is best to have a urine specimen checked for infection. This is the simplest way to diagnose a UTI. If you have had UTIs in the past and are familiar with the symptoms, then testing the urine is not required. Typically, the urine specimen shows the presence of white blood cells or red blood cells. A culture can confirm the specific bacterial germ involved.

Treatment

Antibiotics are the required treatment. As most antibiotics concentrate in the urine as they are cleared by the kidneys, these drugs tend to be very effective for treatment and are a virtually guaranteed cure, so long as the causative bacteria is not resistant.

Antibiotics include:

- Keflex (cephalexin)
- Cipro (ciprofloxacin)
- Macrobid (macrodantin)
- Amoxicillin

In addition to an antibiotic, we often prescribe an anesthetic agent called Pyridium (phenazopyridine). This medication provides immediate relief as it acts directly on the surface tissues of the bladder. It turns the urine an orange color, so do be aware of this. Treatment with Pyridium requires that an antibiotic be used as well, or the Pyridium will suppress symptoms but let the infection progress unabated.

Expectations

Symptoms of UTI resolve quickly, often within 12—24 hours. Certainly symptoms should be markedly improved by 48 hours. If they are not, please call and the antibiotic selected will have to be changed.

Prevention

There are not perfect methods of prevention but here are several that are used, depending on the situation:

Voiding (urinating) after intercourse

Antibiotic (single dose) after intercourse

Antibiotics daily to prevent recurrent infections

Use of hormones (pills or topical) to reduce the chances of germs entering the urethra (bladder drainage tube)