

Urinary Tract Infections



Urinary tract infections (UTIs) are very common in women. About 40 percent of women will experience a UTI at least once in their lifetime. UTIs are uncomfortable but are rarely dangerous or life-threatening.

About UTIs

A UTI is the abnormal growth of bacteria anywhere along the urinary tract combined with symptoms. The most common site for these to occur is the bladder. UTIs can go by several names, including:

- Cystitis is an infection of the bladder.
- Urethritis is an infection in the urethra.
- Pyelonephritis is an infection of the kidneys.

Women are at higher risk for UTIs because the urethral opening is located near the anus. The female urethra is about two inches long, so bacteria from the colon and vagina are sometimes able to enter the urinary tract. The good news is that UTIs are rarely serious in healthy women and can easily be treated.

Some women are at a higher risk for UTIs:

- Sexually active women.
- Pregnant women.
- Menopausal women—After menopause, the level of estrogen drops in a woman's body. This results in changes to the vaginal pH. This can change the types of bacteria that live in the vagina to those more likely to cause UTIs.
- Women with diabetes or other health conditions that decrease their body's ability to fight infection.

Surgeries performed on or near your urinary tract increase your risk for developing a UTI. If you have a catheter placed during surgery or if you need to use a catheter after surgery to help you empty the bladder, you are at increased risk for getting a UTI.

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UTI Symptoms

Burning with urination and the frequent or urgent need to urinate are common symptoms of a UTI. Other symptoms include pain or pressure in the lower pelvic area, cloudy urine, or blood in the urine. With a severe infection or if the infection involves the kidney (pyelonephritis), women may experience fever and chills, pain in the back, as well as nausea and vomiting.

There's no need to check urine for infection on routine basis UNLESS you have symptoms. Symptoms are required to diagnose a UTI. New research is showing that the bladder normally contains some bacteria. Older women in particular tend to have bacteria in the urine routinely. This is not dangerous, and no treatment is needed unless a woman also has symptoms.

UTI Diagnosis

Your health care provider will first ask about your symptoms. Then, to confirm the diagnosis, a urine test is usually done. Your urine is tested for components like blood, bacterial byproducts and cells that indicate infection. This test can be done quickly in the office, and then a urine culture may be performed to determine the type of bacteria present as well as the best antibiotic to use.

Learn The Terms

Urinary tract infection (UTI): The abnormal growth of bacteria in the urinary tract combined with symptoms like urgency and frequency of urination. The urine may also be cloudy, bloody or have a foul odor.

Estrogen: A group of hormones that promote and maintain the female traits of the body, also referred to as the female sex hormones.

Catheter: Plastic tube temporarily placed to drain urine from your bladder.

Urethra: Tube from the bladder to the outside of the body that urine passes through during urination.

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UTI Treatment

An uncomplicated UTI is usually treated with oral antibiotic pills. The specific antibiotic and length of treatment will depend on the type of bacteria found to be causing the infection, as well as your medical history. Women usually feel better within 24 hours of starting the antibiotic. However, it is important for you to finish taking all of the medicine. If you stop taking the antibiotics, the infection may return. If you are pregnant, diabetic, recently had surgery, or have a kidney infection, you may need to take an antibiotic for seven to 14 days.

At your pharmacy, look for a medicine called phenoazopyridine. It is available over the counter to soothe the burning and pain symptoms that can come with a UTI.

Urine culture results are usually available in 2 to 3 days. If those results show that the antibiotic you have been taking is ineffective against your infection, your provider may change the antibiotic. Sometimes, the antibiotics alone may not be enough or the infection may have spread since your urine test was done. Call your health care provider if your symptoms do not get better, if you have a fever or chills, or if you experience increasing pain in your back and pelvic area.

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Recurrent UTIs

If you have three or more UTIs in a year, that is called having “recurrent UTIs.” This can be very frustrating. Recurrent UTIs appear to run in families. Other risks include being sexually active and using a diaphragm or spermicide. Women who have recently had pelvic surgery or used a catheter are also at risk.

After a thorough pelvic exam to look for anatomic causes of UTIs, your provider may recommend additional evaluation with a urogynecologist or urologist. You may need a cystoscopy, which is a procedure performed in the office that allows your doctor to view the inside of the bladder using a special camera. You may also need an ultrasound or CT scan to examine your kidneys.

There are steps you can take to help prevent recurrent UTIs. Speak with your doctor about:

- Using vaginal low-dose estrogen.
- Consuming probiotics, cranberry juice or cranberry tablets.
- Using urine sterilizing pills or taking a low dose of an antibiotic after sex or daily for several months.

Three Takeaways

- 1. A urinary tract infection (UTI) is an abnormal growth of bacteria in the urinary tract that causes burning or painful urination, as well as the frequent or urgent need urinate.**
- 2. If you get UTI symptoms, call your doctor. You may have to give a urine sample. Most UTIs can be treated with a few days of antibiotics. Even if you start to feel better, finish taking all of the medicine.**
- 3. If you have had three UTIs in the past 12 months, ask your health care provider if you need further testing or preventative steps.**