

Advice for patients experiencing recurrent Urinary Tract Infection's (with catheter)ⁱ

- You have been given this patient information leaflet because you have had a number of urinary tract infections (UTI's).
- UTI's are very common and in the majority of cases are not due to any serious underlying cause.
- However, we know that the symptoms of UTI's are very unpleasant and we hope that this leaflet gives you some ideas on how to prevent infections going forward.
- For patients **with a catheter** an infection is defined as symptoms (stinging, blood, lower tummy pain) when passing urine plus growing a bug/bacteria in the urine sample. We would not treat the bacteria alone in the absence of symptoms. If a patient has symptoms of a lower urinary tract infection then we would treat with 7 days of antibiotics. If there are signs of upper urinary tract infection (back pain, fevers, feeling unwell) then antibiotics need to be for 14 days. Ideally, whilst taking the antibiotics the catheter should be changed if it has been in for longer than 7 days.

For all patients:

- **Self-Care:**
 - Drink plenty
 - Observe good hygiene (especially in women, wiping front to back after having a poo)
 - Empty the bladder regularly if you self catheterise.
 - Avoid being constipated – we can help with laxatives if needed.
- **Non-prescription treatments:**
 - D Mannose and cranberry products
 - There is limited evidence of benefit for D Mannose and cranberry products but some people have found relief.
 - Please be aware of the **high sugar content** of both types of products.
- **Topical vaginal oestrogen in post-menopausal women:**
 - Can help prevent infections and can be used first line. It has recently become available to buy over the counter or can be prescribed by the GP.
- **Non antibiotic prescribing**
 - Methenamine Hippurate is a urinary antiseptic medication. Taken as 1g twice a day there is evidence this can help prevent recurrent infections. It is a further option for patients who might not want to take oral antibiotics.

- **Prophylactic antibiotics:**

- These are antibiotics taken at low dose for 6 months to try and prevent recurrence. There is more evidence for their use with intermittent catheterisation but can be used with caution in patients with indwelling catheters.
- 1st line either trimethoprim or nitrofurantoin
 - Trimethoprim: 100mg at night daily
 - Nitrofurantoin: 50-100mg at night daily
- Amoxicillin and cefalexin are 2nd line
- We would need to keep an eye on some blood tests (kidney and liver function) and your breathing if you stay on some antibiotics long term.

ⁱ Written by Dr Cath Liley November 2022

Reviewed and edited by EMC Patient Participation Group

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