

Note: if you are pregnant or have certain other medical conditions, you should always be treated with antibiotics to prevent possible complications.

What is the outlook (prognosis)?

The vast majority of women improve within a few days of developing cystitis. However, if your symptoms still do not improve after you have been taking antibiotics then you may need an alternative antibiotic. Some germs (bacteria) causing cystitis can be resistant to some types of antibiotic.



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POPLAR GROVE
P R A C T I C E

Patient Information Leaflet

Cystitis in Women (Urinary Tract Infection)

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Cystitis (Urine Infection) in Women

A urine infection in the bladder (cystitis) is common in women. A short course of medicines called antibiotics is the usual treatment. Occasionally it may improve without the need for antibiotics. Cystitis clears quickly without complications in most cases.

What is cystitis?

Cystitis means inflammation of the bladder. It is usually caused by a urine infection. Typical symptoms are pain when you pass urine, and passing urine frequently. You may also have pain in your lower tummy (abdomen), blood in your urine and a high temperature (fever). Your urine may also become cloudy and may become smelly.

Most urine infections are due to germs (bacteria) that come from your own bowel (anus) after you pass a stool (faeces). These bacteria can sometimes travel to your urethra (the tube from the bladder that passes out urine) and into your bladder. Some bacteria thrive in urine and multiply quickly to cause infection.

Note: other causes of cystitis include radiotherapy and certain chemicals. This leaflet will only discuss cystitis caused by an infection.

Who develops cystitis?

Women are much more likely to have cystitis than men, as the tube that passes out urine from a woman's bladder (the urethra) is shorter and opens nearer the back passage (anus). About half of women have at least one bout of cystitis in their lives. One in three women will have had cystitis by the age of 24. About 4 out of 100 pregnant women develop cystitis.

Apart from being female, other risk factors for cystitis include:

- Having diabetes mellitus.
- Being pregnant.
- Being sexually active.
- Using spermicide with contraception.
- Having had the menopause. The changes in the tissues of the vagina and urethra after menopause make it harder for them to defend against infection.
- Having a catheter in your bladder.
- Having abnormalities in your kidneys, bladder or urinary system.
- Having an immune system which is not working well (for example, due to AIDS or medication which suppresses the immune system).

Can I be sure it is Cystitis?

Some conditions cause symptoms that may be mistaken for cystitis. For example, vaginal thrush. Also, soaps, deodorants, bubble baths, etc. may irritate your genital area and cause mild pain when you pass urine.

Your doctor or nurse may do a simple dipstick test on a urine sample to check for cystitis. This can detect changes in the urine that may indicate an infection. It is fairly reliable and usually no further test is needed. If the infection does not improve with treatment, or improves but then returns quickly, a urine sample is sent to the laboratory. This is to confirm the diagnosis and to find out which germ (bacterium) is causing the infection.

What is the treatment for cystitis?

Treatment options include the following:

Antibiotic medication. A three- to five-day course of trimethoprim or nitrofurantoin is a common treatment for most women.

Symptoms usually improve within a day or so after starting treatment. Sometimes your doctor may offer you a delayed prescription for antibiotics. You then need only pick up the prescription if your symptoms worsen, or do not improve, over the following few days.

Not taking any treatment may be an option if symptoms are very mild (and if you are not pregnant or if you have no other illnesses). Your immune system can often clear the infection. Without antibiotics, cystitis (particularly mild cases) may go away on its own in a few days. However, symptoms can sometimes last for a week or so if you do not take antibiotics.

Paracetamol or ibuprofen. These ease pain or discomfort and can also lower a high temperature (fever).

Have lots to drink is traditional advice to 'flush out the bladder'. However, there is no proof that this is helpful. Some doctors feel that it does not help and drinking lots may just cause more (painful) toilet trips. Therefore, it is difficult to give confident advice on whether to drink lots, or just to drink normally.

There is no strong evidence that drinking cranberry juice or taking products that alkalise your urine (such as potassium citrate or bicarbonate) improve the symptoms of cystitis. These sorts of products are sometimes sold as a treatment for cystitis.

If your symptoms worsen or you develop a high fever you should see your doctor. You should also see your doctor if your symptoms do not improve by the end of taking the course of antibiotics or if they come back within two weeks of the course finishing.