

Recurrent cystitis in women

Urology Department

Patient Information Leaflet

Introduction

This leaflet is for women who have cystitis that keeps coming back, known as recurrent cystitis. It gives information on what cystitis is, what to do when you get it and when to visit your GP.

What is cystitis?

Cystitis is inflammation of the bladder lining, usually caused by a bladder infection. It is common for the urethra to be affected as well. The urethra is the tube leading from the bladder to the outside of the body. Cystitis makes the bladder and urethra very sensitive, a situation which is often made worse by acids in the urine.

Cystitis is a common problem which affects over half of the women in this country at some time in their lives. Quite a few women have repeated attacks of it.

What are the symptoms?

The usual symptoms are one or more of the following:

- A feeling of discomfort when you pass urine, usually a stinging or burning pain in the urethra.
- A constant feeling that you want to pass urine. Although you may be bursting to go, hardly any urine comes out when you go to the toilet.
- A dragging ache in your lower abdomen (tummy area).
- Dark or strong smelling urine which may contain visible blood from the inflammation.

What causes it?

The usual cause is that bacteria enter the bladder through its entrance (the urethra). This occurs because the entrances to the urethra, vagina and anus are very close together so the bacteria have easy access to the bladder. The bacteria that cause cystitis most often are E. coli.

E. coli bacteria are found in large quantities in the bowel where they are usually harmless. Urine normally contains no bacteria but if these germs do get into the bladder, they can cause cystitis.

In a few cases, cystitis can be caught from a sexual partner who has an infection, or from friction on the opening of the urethra during intercourse – this is sometimes known as honeymoon cystitis.

In most cases, the infection is more of a nuisance than a danger. It is possible, however, for infection to spread up from the bladder to the kidneys and this can be serious. It is therefore important to visit your GP if you have cystitis and the symptoms do not improve.

How can I help myself?

There is a lot you can do both to relieve an attack and to prevent another one, but you should always see your GP if your symptoms do not improve.

- As soon as you feel the first twinges of a cystitis attack, start drinking a lot of water or another bland liquid such as milk. Avoid strong coffee, strong tea or alcohol. For the first three hours, drink at least half a pint every 20 minutes to flush out the infection before it gets a grip.
- Some people find it helpful to take one tablespoonful of bicarbonate of soda dissolved in water as soon as possible, and repeat this every three to four hours. This may reduce the acidity of the urine and help to relieve the stinging.
- Keep warm and place a hot water bottle over your tummy or between your thighs to ease the discomfort.
- Take a mild painkiller such as aspirin, paracetamol or codeine, if you can take them (always read the label; do not exceed the recommended dose).
- Do not take antibiotics left over from previous infections or from other people.
- If you have been prescribed 'self-start antibiotics' by your GP or urology specialist, start taking the medicine **after** you have taken a urine sample to your GP to send to the laboratory.

How can I help prevent further attacks?

- Drink plenty (three to four pints) of bland liquid such as water each day to help keep the bladder clear of germs.
- Keep yourself extra clean down below by using a separate flannel to wash yourself morning and night. Use plain water for washing and always wipe from front to back.
- Avoid bubble bath, talcum powder, vaginal deodorant and feminine wipes.
- A bath every day is not necessary and may, in fact, be harmful – a shallow bath is better than a deep one and a shower is better still.

If you get cystitis after having sex, you should wash carefully with plain water before having sex. Use a special lubricant (such as K-Y Jelly) during sex – this is available from most pharmacies without prescription. It is helpful to go to the toilet to empty your bladder immediately after sex, to flush out any germs which may have entered the urethra during sex.

If you follow this advice and still get cystitis after sex, your GP may give you a prescription for an antibiotic tablet (such as norfloxacin, trimethoprim or cephalexin) to take immediately after sex. It may also help to drink cranberry juice or take cranberry tablets regularly. Cranberry preparations seem to help restore the protective lining of the bladder to prevent infection getting into the bladder wall.

When should I contact my GP?

You should always contact your GP if:

- your symptoms do not start to improve within a few days
- you get cystitis frequently
- you have severe symptoms, such as blood in your urine
- you are pregnant and have symptoms of cystitis

Your GP will normally ask you for a mid-stream urine sample. If you have vaginal itching or a discharge, they may also take a vaginal swab. If the infection persists or has spread to your kidneys, your GP will probably suggest you have an X-ray or ultrasound scan; or may advise you to see a specialist in urinary disease.

What treatment will my GP give me?

The causes of cystitis can be different for different people. Your GP will advise you about what is best for you. He may give you antibiotics but may not prescribe anything at all, simply giving you advice along the lines mentioned in this leaflet.

If you are prescribed antibiotics, it is important to complete the course as instructed. Your GP should ask you to bring in a mid-stream urine sample, about one week after you have finished the antibiotics.

For some patients, attacks of cystitis can be controlled by long-term, low-dose antibiotics. Your GP will advise you on whether you need this.

Can I find out more?

You can find out more from the following weblinks:

NHS Choices

<http://www.nhs.uk/Conditions/Cystitis/Pages/Introduction.aspx>

Patient

<http://patient.info/health/recurrent-cystitis-in-women>

Contact information for urology clinical nurse specialists

If you have any questions, you would like more information, or if there is anything you do not understand about this leaflet, please contact:

Urology clinical nurse specialists on 01384 456111 ext. 2873 or
mobile 07787 512834 (8am to 4pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/urology/>

If you have any feedback on this patient information leaflet, please email
patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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