



THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS

35-43 Lincoln's Inn Fields
London
WC2A 3PE

Telephone +44 (0)20 7869 6950
Facsimile +44 (0)20 7404 5048
Internet www.baus.org.uk
Email admin@baus.org.uk

SELF-HELP INFORMATION FOR RECURRENT CYSTITIS IN WOMEN FREQUENTLY-ASKED QUESTIONS

What is cystitis?

Cystitis is an inflammation of the bladder lining. It is common for the water outlet pipe (the urethra) to be affected as well. This makes the bladder and urethra very sensitive, a situation which is often made worse by acids in the urine.

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, there is hardly any urine in the bladder
- a dragging ache in your lower abdomen
- dark or "strong" urine which may contain visible blood from the inflammation

What is the cause?

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 are subject to repeated attacks.

The commonest 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 allowing easy access to the bladder. The commonest bacteria which cause cystitis are E coli; these are found in large quantities in the bowel where they do no harm.

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 sometime 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. This is most likely in girls under the age of 15 and in those who let the condition persist without seeing their doctor.

What can I do about it myself?

There is a lot you can do for yourself both to relieve an attack and to prevent another one, but you should always see your doctor.

- As soon as you feel the first twinges, start drinking a lot of water or another bland liquid such as milk or weak tea. Avoid strong coffee, tea or alcohol. For the first 3 hours, drink at least half a pint every 20 minutes to flush out the infection before it gets a grip
- Take one tablespoonful of bicarbonate of soda dissolved in water as soon as possible and repeat this every 3-4 hours. This reduces the acidity of the urine and helps to relieve the stinging
- Keep warm and place a hot water bottle over your tummy or between your thighs to ease the abdominal discomfort
- Take a mild painkiller such as Aspirin, Paracetamol or Codeine
- Do not self-medicate with antibiotics left over from previous infections or from other people
- If you have been prescribed “self-start antibiotics” by your doctor or urologist, start taking the tablets, after you have provided a urine sample for your doctor to send to the laboratory.

How can I prevent further attacks?

- Drink plenty (3-4 pints) of bland liquid (as above) each day to help keep the bladder clear of germs
- Keep yourself extra clean “down below” by using a separate flannel to wash yourself night and morning
- Use plain water for washing; always wipe from “front to back”
- Avoid bubble baths, talcum powder, all personal (vaginal) deodorants & 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 your symptoms are related to sexual intercourse, you should wash carefully with plain water before having intercourse. Use a special lubricant (KY Jelly) during intercourse – this is available from most chemists without prescription. It is helpful to empty out your bladder immediately after intercourse to flush out any germs which may have entered the urethra.

Some women, however, continue to suffer problems despite these measures experiencing recurrent cystitis after sexual activity. In this situation, it is best to take a single antibiotic tablet (Norfloxacin, Trimethoprim or Cephalexin) immediately after

intercourse and to take regular cranberry juice or tablets. 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 for a sudden attack of cystitis and he/she will normally ask you for a mid-stream urine specimen. If you have a vaginal itch or discharge, a vaginal swab may also be taken. If the infection persists or has spread to your kidneys, a referral for an X-ray, ultrasound or to a specialist in urinary disease may be arranged.

What treatment will my GP give me?

The causes of cystitis are different for different people. Your doctor will advise you on 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 above.

If you are prescribed antibiotics, it is important to complete the course as instructed; you should also produce a post-treatment mid-stream urine specimen, approximately one week after you have finished the antibiotics.



Some patients' attacks of cystitis can be controlled by long-term, low-dose antibiotics and your GP will advise you on the need for this.

Are there any other important points?

This publication provides input from specialists, the British Association of Urological Surgeons, the Department of Health and evidence-based sources as a supplement to any advice you may already have been given by your GP. Alternative treatments can be discussed in more detail with your urologist or Specialist Nurse.

Disclaimer

While every effort has been made to ensure the accuracy of the information contained in this publication, no guarantee can be given that all errors and omissions have been excluded. No responsibility for loss occasioned by any person acting or refraining from action as a result of the material in this publication can be accepted by the British Association of Urological Surgeons Limited.

© **British Association of Urological Surgeons Limited, December 2012**