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Urinary Tract Infections

You have been referred to a urologist (kidney and bladder surgeon) for evaluation of UTIs. Unfortunately, 5-10% of the population have frequent UTIs. There are several possible medical issues that may contribute to UTIs. Here is what you can expect in your case.

You may require a: **Physical Exam including genitals, Urine Tests, Bladder Ultrasound, Imaging of the kidneys, or a scope of the bladder** to look for some of the following:

- Kidney/bladder stones or foreign bodies
- Poor bladder emptying or kidney swelling/hydronephrosis
- Changes from menopause of the vulva, urethra, & vagina, # 1 reason women get recurrent UTI's is
- low estrogen,
- Bladder or urethra diverticulum

Most of the time (>90%) there is **no urologic (surgically correctable) cause** for your infections, and no further urology evaluation is needed. We will look at possible contributing risk factors. We can then come up with a treatment plan that may include surgery or medications to help reduce your frequency of infections.

This may include:

- **D-Mannose, Ellura or TheraCRAN** – non-prescription natural supplements which keep bacteria from adhering (sticking) to the urethra and climbing into the bladder. (Purchase at health food stores, myallura.com or Amazon.com)
- **Estrogen cream** – this helps change the pH of the vagina so that the good “pro-biotic” bacteria (not the bad bacteria) live near the urethra. (see our handout about Vaginal Estrogen). It also comes in tabs and rings, however cream targets the urethra the best.
- **Methenamine** – a prescription that creates a hostile environment for bacteria in your bladder. This is to be taken with vitamin C to acidify the urine and improve its efficacy.
- **Drinking 60 oz of water a day and voiding every 2 hours.**
- **Eating a high fiber diet** – goal 25 grams of fiber. Cut out processed sugars, eat fruits and vegetables. Decrease alcohol and processed foods. Decrease animal meats.

Future infections:

It is our policy to not prescribe antibiotics without a urine culture and a clinic visit first. Knowing what is going on (what your symptoms are), what bacteria a patient is infected with, and what antibiotics will work results in the best care for our patients. When you are seen at urgent care or primary care we recommend that you request a urine culture and not just a dip unless you have a negative dip. If you have been seen twice within 6 months despite our risk reduction plan, please make an appointment to see us back to see if a low dose antibiotic regimen is necessary. If sex triggers your UTI's on demand antibiotics are an option.

Other tips: Drink plenty of water to dilute your urine. Clear urine (not dark yellow or amber) is a sign of adequate hydration. Aim for 2 quarts or 60 oz a day. Empty your bladder in a timely manner. If you get the sensation to urinate do not ignore it, this is the body's way of telling you now is the right time.

Holding your urine is a large risk factor for UTIs. Wipe from front to back. Aim for a BM daily. Change to an anti-inflammatory diet, stop all refined sugars, and stop eating any meat treated with antibiotics.