

RECURRING CYSTITIS

Many women experience recurring bladder infections. It is particularly common after menopause and can be very inconvenient to live with.

DIAGNOSIS

In order to diagnose recurring cystitis, the doctor must go through detailed medical history with regards to menopause, urination pattern, diabetes, and obesity, as well proceed to the following tests:

- ❖ Urine analysis for bacterial resistance and culture
- ❖ Residual urine measurement to determine optimal voiding technique
- ❖ Gynaecological examination with particular focus on mucous membranes and pinch force
- ❖ Possibly a cystoscopy of your bladder and urethra

TREATMENT

- ❖ Patients must learn double/triple voiding techniques to avoid residual urine remaining in their bladder.

- ❖ Patient can try cranberry juice, tablets or dried berries. Alternatively Hai-prex® tablets to reduce urine acidity (a lower pH hinders bacteria).
- ❖ Each time an infection occurs, the patient must send urine tests to be microbiologically examined.
- ❖ The patient can be treated with preventive antibiotics but cannot be under Nitrofurantoin over a long period as it poses a risk of pulmonary fibrosis. The patient should therefore switch tablets monthly between Trimopan and Selexid (and possibly Nitrofurantoin); you can always ask a pharmacist for further advice.
- ❖ If the patient has the slightest suspicion their mucous membranes have thinned (atrophy) they can take a localised oestrogen treatment: Ovestin, Vagifem or Estring. This is of course primarily for those at/post menopause.
- ❖ Patients are highly recommended to urinate after intercourse.

WHO CAN I CALL WITH QUESTIONS?

You are welcome to call Kvindeklinikken every weekday from 8.00 - 15.00 on 36 46 71 40.

Revised April 2020. To be revised on an ongoing basis and certainly no later than 1 April 2022, before in case of any significant changes.