

RECURRING CYSTITIS

(Bladder infection)

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 possible 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 (interval urination of 2-3 rounds) 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.
- ❖ If the patient has the slightest suspicion their mucous membranes have

thinned (atrophy) they can take a localised oestrogen treatment: Ovestin, Vagifem or Estrin. This is of course primarily for those at/post menopause.

PREVENTIVE ANTIBIOTICS

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 Trimopam and Selexid (and possibly Nitrofurantoin); you can always ask a pharmacist for further advice.

- ❖ Patients are highly recommended to urinate after intercourse.

IRRETATIVE CYSTITIS

In the case of cystitis without bacteria (interstitial cystitis, refer to a urologist, for possibly GAG flushing of the bladder.

New possibilities?

- ❖ Methenamine is an antibiotic that is first converted into the active substance in the urine and therefore theoretically does not induce resistance in the normal flora. A Cochrane review has shown a promising effect of this treatment preventively (observe kidney and liver function)

WHO CAN I CALL WITH QUESTIONS?

You are welcome to call Kvindeklínikken during telephone hours on 36 46 71 40.

Revised September 2022. To be revised on an ongoing basis and certainly no later than September 2025, before in case of any significant changes.

