

UTI

Definitions

- Asymptomatic bacteriuria - treat only if patient is pregnant (+/- renal transplant recipient with stent in situ). If in doubt, discuss.
- Cystitis - may have alternate aetiology. Remember that lower urinary tract symptoms in women with 10,000-100,000 cfu/ml probably represents infection and should be treated
- Pyelonephritis - should always be treated, and will frequently require parenteral therapy
- Recurrent UTI - ³ three symptomatic infections per annum (provided ³ 1 month interval; less suggests relapse). Review oral fluid intake, anatomical or bladder function problems, vaginal epithelium and consider long-term prophylaxis
- LUTS - many patients have symptoms of voiding dysfunction (urge incontinence, stress incontinence, incontinence, nocturia, prostatism). These may benefit from expert urological assessment
- Complicated vs. Uncomplicated - anatomical problems, stones, stents, transplants, pregnancy - should be treated more aggressively.

Further information

[Patient information on UTI](#) from [EdRenINFO](#)

[Teaching/ background information on UTI](#) suitable for medical staff and students from the EdREP resources section.

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