

Improving the management of recurrent urinary tract infections in women under 30 – does conservative treatment really work?

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Introduction & Objectives: Recurrent UTI's (rUTI) in young women can be common and not only impact quality of life (QoL) but also service provision within urology departments. The extent to which these patients require investigation or treatment is variable. Our department changed practice to manage these women in a nurse led service with medical input as required. The aims of this study were to reduce invasive investigations, antibiotic use and attendance at consultant clinics whilst encouraging self-management.

Materials & Methods: 102 patients were referred to the service between March 2016 and 2018. Patients were appointed to see a Nurse Continence Specialist, reviewed and data collected on number of culture proven infections. Patients were assessed for specific triggers, post void residual, bowel habit, lifestyle factors and weight. All patients had US kidneys arranged and if visible haematuria (VH) was noted, referred for flexible cystoscopy. All were given conservative advice leaflets (BAUS cystitis, NICE IBS, bladder training, toilet positions, pelvic floor exercise, intercourse positions and lubrication advice).

Results: 72 women aged 15 to 29 years attended. Despite being referred as rUTI, 31 women had no culture proven samples and 16 had only 1 infection. 25 patients had at least 2 proven cultures with the maximum being 6. Triggers were identified in 33 women; 28 (85%) sexual intercourse, 2 alcohol consumption, 2 infrequent voiding and 1 high post void residual. All women had US KUB requested; 60 were performed, of which 49 (82%) were normal. 11 identified an abnormality; none were considered causative for rUTI. 16 women reported VH of which 13 had flexible cystoscopy – 10 (77%) were normal and 3 identified abnormalities - tight meatus, schistosomiasis and cystitis cystica. In the 25 patients with 2 plus proven infections, results were analysed separately after 12 months of input. In those with 2 infections (14 patients) 86% had 0 or 1. Patients with 3 infections (6 patients), 66% had 0 or 1. Those with 4 infections (3 patients), 66% had no further and the 2 patients with 5 or 6 infections both patients had 0. Only 3/25 required prophylactic, 0 required post coital and 1 obtained self-start antibiotics 13/25 (52%) women only required 1 appointment with the service and at 12 months 21/25 no longer require any contact (discharge or DNA).

Conclusions: By changing practice we have significantly reduced the number of rUTI's in this group using conservative measures. We have proven that invasive investigations are unnecessary and have reduced the number of cystoscopy and dilatations from 222 patients in 2013 to 69 in 2017. The number of new and review slots required in consultant clinics and use of antibiotics has been cut. The continence team continues to develop this autonomous practice and allows patients to receive a holistic, self-directed approach to their healthcare.