



GO WITH THE FLOW... OR CAN YOU?

Urinary tract infections remain a widespread problem, especially among women. Find out how to effectively manage this troublesome affliction.



BANISH UTIs

Dr Yew-Lam Chong, a consultant at Tan Tock Seng Hospital's Department of Urology, has the following advice when it comes to the prevention of UTIs.

Sexually active females can keep the following tips in mind, especially if they are prone to urinary tract infections:

1. Empty your bladder after intercourse, so that any bacteria that may have been introduced is flushed out and prevented from multiplying.
2. Wash yourself after sexual intercourse to prevent any spread of bacteria from the vagina.
3. Avoid the use of hygiene sprays, vaginal douches and spermicides; these can irritate the urethra.
4. Practice careful feminine hygiene, which includes wiping yourself clean from front to back (not the other way!) after a bowel movement. This will prevent bacteria from entering the vagina.
5. Drink lots of water each day, to flush out bacteria from your urinary tract when you urinate.
6. There is some weak evidence to suggest that cranberry may help prevent recurrent episodes of UTI in patients who have frequent infections. The best dose is not known and either juice or tablet formulation is believed to be equally effective.
7. Cotton underwear allows the best ventilation and prevents the trapping of moisture and bacteria in the crotch area.
8. During your menstrual period, opt to use sanitary napkins instead of tampons; the latter can cause irritations when not inserted properly.

“SPECIALIST CONSULTATION SHOULD BE RECOMMENDED FOR PATIENTS IF THE UTI IS RECURRENT. UTIs ARE CONSIDERED RECURRENT IF A REPEAT INFECTION OCCURS WITHIN SIX MONTHS, OR IF THERE ARE THREE OR MORE EPISODES WITHIN THE SPACE OF A YEAR.”

explains that symptoms of loin pain accompanied by fever, headache, vomiting and chills are indicative of pyelonephritis and should be attended to.

THE USUAL SUSPECTS

UTI most often affects adults, with a majority of UTI patients being women. This is partly due to how women have a short urethra (the part of the anatomy which passes urine from the bladder to the outside) which is vulnerable to upward migration of bacteria from the entrance of the vagina into the urinary bladder. In Singapore, about 4 per cent of young adult females are affected. The incidence rises with age to 7 per cent at 50 years.

Women who change sexual partners or begin having sexual intercourse more frequently may experience bladder or urinary tract infections more often than women in monogamous relationships. At the same time, women who have had changes to the health of the vagina skin near the urethra



BY MICHELLE BONG




It starts with constantly feeling the urge to urinate, followed by a burning sensation when that happens. You only pass a small amount of urine despite feeling like your bladder is full, and the urine may appear milky or cloudy. You may even feel slightly weak and shaky, and generally unwell.

If this sounds familiar to you, chances are you have a urinary tract infection (UTI) on your hands. But you're not alone; millions of people all over the world suffer from UTI each year.

UTI is an extremely common condition used to refer to bacterial infection of the urinary bladder. On a daily basis, narrow tubes called ureters carry urine from the kidneys to the bladder, where urine is stored and emptied through the urethra. Urine is normally sterile, and is expelled without much complication.

Aiding this process is the inherent mechanisms of our urinary system. For women, the ureters and bladder normally prevent urine from backing up toward the kidneys, and the flow of urine from the bladder helps wash bacteria out of the body. For men, the prostate gland produces secretions that slow bacterial growth. For both sexes, safeguards come in the form of immune defenses which work to rid the body of bacterial infection.

However, an infection can occur when tiny organisms (usually bacteria from the digestive tract) gather at the opening of the urethra and begin to multiply. The inner lining of the bladder becomes inflamed and this leads to symptoms such as urinary frequency, urgency, pain on voiding, and even bleeding into urine.

However, UTIs aren't confined to the urinary bladder, causing cystitis. They can sometimes affect the kidneys too — causing what is known as pyelonephritis. Dr Yew-Lam Chong, a consultant at Tan Tock Seng Hospital's Department of Urology 



(for instance, vaginal infections), mild vaginal abrasions from sexual activity, post-menopausal skin changes (due to decreasing hormone levels) also suffer from UTI, as do women who frequently use vaginal douches.

Others prone to such infections include patients with a reduced immune system (such as the elderly and those with diabetes). Abnormalities in the urinary tract, apparent in elderly men with enlarged prostate glands or children with congenital urinary tract conditions, may also result in recurrent UTI.

Children and infants can be susceptible to UTI too, although cases are less common. If your little one seems irritable, is not eating normally and has loose bowels or a fever that does not seem to fully subside, a visit to the family doctor should be made. Of these symptoms, a fever

can be the most telling one, along with a change in the child's urinary pattern.

On the flip side, the silver generation is at increased risk for developing cystitis due to their often incomplete emptying of the bladder associated in view of existing conditions such as benign prostatic hyperplasia (BPH), prostatitis and urethral strictures. The elderly also tend to suffer from a lack of adequate fluids, bowel incontinence and decreased mobility, all of which are factors that place them at risk.

GETTING TREATED

Dr Chong says UTI is easily diagnosed by a consultation with the family physician. Following a physical examination, he or she will perform a simple urine dipstick test. Says Dr Chong, "The presence of pus cells and red blood cells are the usual findings on such a test. The most common bacteria responsible are *Escherichia coli* (commonly known as *E. coli*) but treatment is easily achieved by a fully-completed course of oral antibiotics for three to five days. Commonly, antibiotics such as amoxicillin, bactrim and ciprofloxacin are prescribed because their side effects are mild (if any) and are generally very well tolerated.

"But it is important for the doctor to note symptoms and findings of pyelonephritis (kidney infection), pregnancy or gynaecological infections as well. Specialist consultation should be recommended for patients if the UTI is recurrent or occurs in males, children or during a pregnancy." When a UTI does occur in a pregnant woman, it is more likely to travel to the kidneys.

With appropriate treatment, the UTI symptoms will rapidly resolve within a few days. In the meantime, work or daily activities can be carried out as per normal — albeit in the midst of some discomfort. But in more severe cases, a UTI may lead to an infection in the bloodstream (sepsis, septicemia) that can be life threatening.

UTIs are considered recurrent if a repeat infection occurs within six months, or if there are three or more episodes within the space of a year. For those with recurrent UTIs, it is practical to make arrangements for further tests to be conducted. These may include intravenous urography (ultrasound scans of the kidneys and bladder), urine analysis or a cystoscopy (an inspection of the bladder using an instrument made of a hollow tube with several lenses and a light source, via the urethra). +

WHERE TO GET HELP

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 4190 Ang Mo Kio Avenue 6 #03-03
 Appointments: 6554-6868
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