

# Recurrent UTI Pathway (Female)

**Recurrent Urinary tract infection**  
**Proven UTI**

- > 2 in 6 months OR
- > 3 in 1 year

Urological malignancy suspected

Referral to urgent suspected cancer pathway

- Lifestyle advice
  - Maintain fluid intake 1.5L/day
  - Vulval hygiene
  - Voiding after sexual intercourse
  - Avoid vaginal diaphragms and spermicides
- Topical oestrogens if menopausal

- Consider referral if:
- ≥ 60years age
  - Known abnormalities of urinary tract (E.g. vesicoureteric reflux or bladder outlet obstruction)
  - Previous history of urinary tract surgery or trauma
  - Previous history of renal or bladder calculi
  - Obstructive symptoms (E.g. straining)
  - Urea splitting bacteria on culture (E.g. Proteus / Yersinia)
  - Persistent bacteriuria
  - Past history of abdominal or pelvic malignancy
  - Symptoms of fistula (E.g. Pneumaturia)
  - Pyelonephritis
  - Diabetes
  - Immunosuppression
  - Not responded to preventative treatments

Pre- clinic KUB Ultrasound

Referral to Urogynaecology Clinic

- Cystoscopy
- Antibiotics
  - Acute infection:
    - 1<sup>st</sup> line: Trimethoprim
    - 2<sup>nd</sup> line: Nitrofurantoin
  - Prophylactic antibiotics
    - Continuous long-term antibiotics
    - Post-coital antibiotics
    - 'Stand-by' antibiotics after MSU MC+S sent

KUB: Kidney, Ureters, Bladder  
MSU: Mid-stream urine  
MC+S: Microscopy, Culture and Sensitivities