Adult Recurrent Uncomplicated UTI Pathway (Female & not pregnant)

Recurrent Uncomplicated Urinary Tract Infection
> 2 in 6 months OR > 3 in 1 year

If sexually transmitted disease refer to sexual health

Exclude Red Flags
Malignancy suspected, haematuria, pelvic mass, pain

Referral to urgent suspected cancer pathway

GP

Treat current episode of UTI before offering lifestyle advice/ Self-Care for recurrent uncomplicated UTI

- Maintain fluid intake >1.5L/day
- Vulval hygiene
- Voiding after sexual intercourse, avoid vaginal diaphragms and spermicides
- D-mannose supplements, probiotics (lactobacillus) and cranberry are available for purchase by patients over-the-counter if they wish.

- **Consider vaginal oestrogens** if genital syndrome of menopause (review at 12 months)
- **Consider a trial of single dose antibiotic -** Post-coital single dose antibiotic (review at 6 months)
- **Consider methenamine hippurat**e as an alternative to daily antibiotics if certain criteria met, see SWL Joint medicine formulary* (review within 6 months and then every 12 months)
- **Consider prophylactic antibiotics -** If no trigger/improvement daily antibiotic prophylaxis (review every 6 months)
- (see Management and treatment of infections in Primary Care for treatment options)
- **Provide** BAUS information leaflet on recurrent cystitis

For information: NICE guideline NG112: Recurrent UTI

At review, reconsider diagnosis if no improvement with treatment, exclude red flags

Complicated recurrent UTI

GP

Pre- clinic KUB Ultrasound with full bladder and pre and post void

GP

Pre- clinic KUB Ultrasound with full bladder and pre and post void

Abnormal USS or Complicated UTI

Resolution/USS normal
Antibiotics as per SW London Antibiotic Guidelines

If no improvement

Seek specialist advice or refer

Nurse Specialist

Female Pelvic Floor Specialist

Seek specialist advice or referral for anyone who has had gender reassignment surgery that has altered the structure of the urethra

*Methenamine: can be initiated in primary care for recurrent uncomplicated UTI in women, trans men and non-binary people with a female urinary system if they are not pregnant and any current UTI is treated and recurrent UTI not adequately improved by behavioural and personal hygiene measures &/or vaginal oestrogen. **Methenamine is NOT licensed for recurrent upper UTI or complicated lower UTI**

Uncomplicated: Uncomplicated cystitis/pyelonephritis < 3 in a year or < 2 in 6 months
Complicated: male, anatomical urinary tract abnormality (stones/duplex/cystocoele, hydronephrosis, mass, obstruction), previous genito-urinary surgery, functional urinary tract abnormality (incomplete bladder emptying, neuropathic bladder, pregnancy, ureteric reflux), history of urosepsis, immune deficiency, indwelling catheter, renal transplant, CISC, multi-resistant organisms, recent instrumentation, prostatitis, abscess

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