

# Female Recurrent UTI: GP Referral Pathway

## For Nurse-led Recurrent UTI Clinic

Adapted from EAU Guidelines on Urological Infections (EAU 2023) and NICE (2018)

Recurrent UTIs (rUTIs) are recurrences of UTIs with a frequency of at least three UTIs/year or two UTIs in the last six months

### Guidelines for Primary Care Management

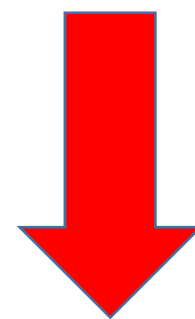
- Recurrent UTI is an indication for US Urinary Tract with post void residual measurement.
- When diagnosing UTI, be guided by urine cultures.
- Give advice on :
  - Drinking 1.5-2L/day, avoiding caffeine and fizzy drinks
  - The importance of personal hygiene, wiping front to back, avoiding scented products.
  - Avoiding long intervals between voids (more than 4 hours)
  - Passing urine after sexual activity. Avoid high risk sexual practices eg involving the anus
- On examination, consider the lowest effective dose of vaginal oestrogen for menopausal women, unless any history of breast or endometrial cancer.
- Consider self-care treatment eg D-Mannose, and treatment on prescription eg Hiprex (methenamine hippurate) 1g BD.
- Exclude sexually transmitted infections, where appropriate
- Treat any constipation, aim for soft stools daily or on alternate days
- If >50 years with pelvic pain, abdominal distension & overactive bladder symptoms, recommend CA125 to rule out ovarian cancer.
- Review medications that commonly cause urinary tract infections eg empagliflozin



**NURSE-LED Recurrent UTI clinic**

### Consider referral to Secondary care for women with rUTI

- Haematuria persisting post-infection
- Pregnancy
- Long-term catheterisation
- Pneumaturia (fistula)
- Pyelonephritis
- Persistent proteus organism on MSU
- Hx urinary tract surgery / trauma
- Hx of abdo /pelvic malignancy
- Immunocompromised patients
- Poorly-controlled diabetes
- Pelvic organ prolapse
- Loin pain



- **Urologist**
- **Gynaecologist /Obs**
- **Endocrinologist**

# Nurse-led Recurrent UTI Management

## (For use in conjunction with RUH FLUTS PATHWAY 2023)

