

Urinary Tract Infection (UTI) Prevention in Women

1. **Summer's Eve** Vaginal pH balancing Daily Cleansing wash **AND** Summer's eve Cleansing cloths (void after intercourse and use 1 cloth to clean)
 - a. Other brands - Uqora vaginal wash
2. **D-Mannose** 1000mg daily for UTI suppression
 - a. **Uqora.com** – take two “DEFEND” pills daily -OR- the powder version called “FLUSH” a few times per week. * If over age 50, also purchase “PROMOTE” (which is a probiotic specifically designed to balance vaginal flora).
 - b. **Ellura cranberry supplement B** - solvwellness.com
 - c. **AZO Products** from pharmacy– but **specifically** one that has D-mannose **OR** Methenamine (check the box). Do not use one with Phenazopyridine 100mg for daily use – that medicine is only for bladder pain during UTI (and only for maximum 3 days).
3. **Estrace cream 0.01%** – Apply once daily with your finger for 2 weeks. Use a pea sized amount on your finger and put into vaginal opening. After the first 2 weeks, continue using two to three times per week.

The American Urology Association guidelines for GSM (Genitourinary Symptoms of Menopause): “For patients with GSM and recurrent urinary tract infections, clinicians should recommend local low-dose vaginal estrogen to reduce the risk for future UTIs...Clinicians should inform patients of the absence of evidence linking low-dose vaginal estrogen to the development of breast or uterine cancer”

4. **Estrogen Alternatives:**
 - a. **Luvena** vaginal moisturizer and lubricant (can buy over the counter)
 - b. **Via moisturizer for her** by Solvwellness – hyaluronic acid, vit E and vit C, jojoba oil
 - c. **Revaree**– Hyaluronic acid vaginal insert to moisturize vagina (for vaginal dryness).
5. **Self-start antibiotics** – A 3-5 day course of antibiotics is sufficient for an uncomplicated female UTI. You can also take one pill after intercourse prophylactically to prevent a UTI from coming on. If possible, please call the office to leave a urine specimen prior to starting any antibiotics. Can also use 2 D-mannose pills (or 2 cranberry pills) after intercourse.
6. **Probiotics** find one with “Lactobacillus Acidophilus” in it. **Vaginal Probiotics** support a healthy vaginal pH and help ward off bacteria from entering the urethra. Helps with vaginal itching, irritation, burning, and to prevent UTI's.
 - a. “Promote” by Uqora (Uqora.com)
 - b. “Private Party” (combination Probiotic + Cranberry by HUM (humnutrition.com/products))
7. **Hiprex (Methenamine Hippurate)** - 1g twice a day (prescription). Taken with 500 mg of Vitamin C daily.
8. In some cases, we may recommend a low dose of an antibiotic taken every day for prevention. This is called “**chronic suppressive prophylaxis**”.

9. Other Hygienic Practices:

- Urinate immediately after sexual intercourse (and use a Summer's Eve wipe).
- Change incontinence pads regularly to prevent UTIs.
- Avoid over-cleaning the vaginal area (such as bidet or toto toilet), which can lead to dryness.
- Avoid using a washcloth to clean the vaginal area in the shower (use hand instead).
- Swimming: Urinate after getting out of the pool and then change out of wet swimsuit.
- Fluid intake: Drink water throughout the day.

10. Bladder inflammation and avoiding urgency

- During a UTI, inflammatory markers in the bladder are increased which causes pain and irritation.
- Symptoms of bladder irritation can be aggravated by caffeine, regular coffee, tea (even decaf), alcohol, "hot" spices, aspartame, chocolate, cola drinks, carbonated beverages of any type, and acidic foods like oranges.
- It is thought that NSAID's (Ibuprofen) can help with inflammation.
- Can use AZO Urinary Pain Relief (over the counter) for 3-5 days during the UTI to help with burning.
- The uncomfortable symptoms of a UTI can actually persist even after finishing the course of the antibiotics, even when the infection has been microbiologically cured.

Urine Culture testing for UTIs and Bacteria:

Checking a urine culture in the absence of symptoms of a urinary tract infection is NOT recommended for nonpregnant older adults, spinal cord patients, patients with indwelling catheters, and even those with a history of recurrent UTIs. There is because there is no demonstrated benefit and because of the potential for harm due to unnecessary antibiotic use and increased antimicrobial resistance.

As such, checking a urine culture in the asymptomatic patient is NOT recommended by multiple medical societies (American Urology Association (AUA), American College of Obstetricians and Gynecologists, American Academy of Family Physicians, US Preventive Services Task Force, and Infectious Diseases Society of America).