

CYSTITIS

CYSTITIS is the medical term referring to inflammation of the bladder, usually caused by bacterial infection, and normally confined to the bladder only. If the infection ascends the ureters to the kidneys, a more serious infection called pyelonephritis (when generalized) or nephronia (when focal) may occur.

The condition is more common in females because of the short urethra and proximity to the vagina and anus. Bacteria enter the urethra and then the bladder, where they can survive and multiply in the urine. When the number of bacteria reaches a critical level, they incite an inflammatory reaction and this can result in the symptoms of frequency, urgency and dysuria or painful urination. Some women may have symptoms similar to cystitis, without inflammation of the bladder, when these bacteria cause urethral inflammation or urethritis.

Bacteria multiply in urine that is stagnant, concentrated or in the presence of sugar, as in diabetes. In some women, the bladder may not empty fully leaving a pool of urine that provides the right environment for them to grow in. This may be the cause of recurrent infections in some women.

Additionally, bacteria multiply in warm moist environments, so ensure that the perineum or area around the vagina and anus is kept dry, by wearing appropriate underwear or pads that absorbs moisture and secretions. Change your pads or tampons frequently during periods and after urinating, wipe from front to back. This is especially important for young girls, so as to prevent organisms being dragged from around the anus to the vaginal opening.

Chemical irritation and vaginal infections may also cause vaginal inflammation, so try and avoid cleansing soaps and deodorants, the residues of which may cause vaginal irritation and inflammation.

Cystitis often occurs in association with sexual intercourse, and this explains the higher incidence of infections after the onset of sexual activity in the teenage years. Bacteria around the urethra enter the bladder during sexual intercourse and may cause inflammation if allowed to multiply. It is important to ensure the bladder is emptied completely after intercourse.

Not infrequently, despite adequate fluid intake, and all the above measures, some women still experience recurrent infections. In these cases, prophylactic antibiotics are usually recommended. This involves taking one tablet at night, for 3 to 6 months. Usually a drug like Trimethoprim, Bactrim or Nitrofurantoin is used because of its high urinary concentration. It is important to ensure the bladder is empty prior to going to bed, so that the antibiotic can have a maximal effect at the highest concentration overnight. If prophylaxis fails, you may also need to take an antibiotic immediately after any high-risk activity, such as sexual intercourse. This involves a single dose that kills any bacteria that have been introduced into the bladder. Failing this, self-start therapy is often recommended.

At the first sign of an infection, a urine sample is collected, and a full course of antibiotics commenced. The sample is sent to the lab to confirm bacteria and determine the correct antibiotic to be used. This reduces the delay time between onset of symptoms, and diagnosis, thus minimizing the disease effects and duration of cystitis symptoms.

Occasionally, abnormalities within the urinary tract can predispose to infections. These are normally detected on imaging with ultrasound, CT-IVU or on cystoscopy, and include diverticula, reflux disease, stones and tumours. In the absence of these conditions, most recurrent episodes of cystitis can be controlled and usually cured.