

Cystitis

What is cystitis?

The term cystitis actually means an inflammation of the bladder although it's usually understood to mean an infection of the urine affecting the bladder.

The remainder of this article will focus on urinary infection and cystitis.



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Who is at risk from cystitis?

Infection from intestinal **bacteria** is by far the most frequent cause of cystitis, especially in women, who have a very short urethra (the tube through which the urine passes from the bladder to the outside).

Normally, urine is sterile (there are no micro-organisms such as bacteria present).

Between 20 to 40 per cent of women will get cystitis in their lifetime.

However, it's possible to have bacteria in the bladder without having any symptoms (especially in the elderly).

There can be several reasons for the bacteria settling in the bladder.

Inadequate emptying resulting in stagnation of urine may lead to infection. This may be caused by some drugs (for example, **antidepressants**), immobility, abnormal bladder control and **constipation**.

Even the small drop which is always left behind may contain bacteria. Conditions that may make it easier for the bacteria to travel through the urethra include those listed below.

Toilet hygiene

This is particularly common among women and girls, as they have a shorter urethra than men and it is situated relatively close to their anus (back passage).

Women and girls must dry themselves from front to back, towards the anus – not the other way around – to avoid leading bacteria from their intestine into their urethra.

Congenital deformity in the urinary system

In the case of repeated infections of the urinary system, particularly among boys and young men, the individual should be checked for a congenital (present from birth) deformity somewhere in the urinary system which prevents the complete emptying of the bladder.

People with a catheter

Everyone with a catheter (to drain urine) will have bacteria in their bladder, usually without symptoms.

During the change of catheter, small lesions (damaged areas) may appear, which may increase the danger of infection (cystitis) and possible blood infection.

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runny infection and preterm delivery (if near the due date).

Other causes

'Honeymoon' cystitis

Cystitis in women related to increased frequency of sexual activity.

All of us have bacteria on our skin and during sexual intercourse these bacteria near the urethral opening may get 'milked' up into the urethra and bladder where they can cause cystitis. It's a good idea for a woman to go to the toilet to empty the bladder after sex to 'flush out' any bacteria that might have made their way into the urethra.

Sexually transmitted infection (STI)

Gonorrhoea and chlamydia infections may cause symptoms similar to cystitis.

In addition, there's usually a vaginal discharge, bleeding after sexual intercourse and an inflamed cervix.

Cystitis-like symptoms among young sexually active men may be caused by sexually transmitted infections and they should seek immediate medical advice.

Parasites

Particularly among people who have been in North Africa or the Middle East. The bladder may be infested by parasites – schistosomiasis. The symptoms are similar to cystitis, but there are no bacteria in the urine.

Postmenopausal women

Due to lack of female sex hormones in **postmenopausal women**, a range of changes take place in the whole body. A consequence of this is that the urinary system is more easily irritated by cystitis.

Contact dermatitis

Women using a deodorant or other potentially irritating material on their genitals may develop cystitis-like symptoms.

What are the symptoms of cystitis?

- Burning sensations or pain during urination.
- Frequent urination.
- Cloudy and foul-smelling urine.
- Pain directly above the pubic bone.
- Children under five years of age often have less definite symptoms, such as weakness, irritability, reduced appetite and vomiting.
- Older women may also have no symptoms other than weakness, falls, confusion or fever.
- Occasionally blood may be visible in the urine.
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Advice to prevent cystitis

It is important to drink sufficiently, so the bladder is flushed thoroughly.

During urination the bladder should be emptied completely. It is a bad habit to sit on the toilet bent forward and reading while urinating.

A trick is to place yourself backwards on the toilet, so you lean against the wall. This posture is more suitable in securing a complete emptying of the bladder than the usual sitting posture.

As a prevention, it may be helpful to drink cranberry juice every day or take capsules.

There's no doubt that this simple and natural treatment may help to reduce the frequency of recurrent infections. It is thought that the cranberry juice works by preventing common bacteria from 'sticking' to the walls of the bladder and so preventing infection taking hold.

Urination immediately after sexual intercourse will flush out most bacteria from the urethra.

Try to urinate at least once every two hours. Women who avoid urination for long periods suffer from more infections of the urinary system.

What treatments are available?

There are a number of **products** available from your pharmacist to treat cystitis.

These can be used unless a woman is vomiting or if there is blood in the urine or if a woman is pregnant in which case she should consult her doctor.

Usually, a single course of treatment clears up the problem. But if symptoms persist after trying an over-the-counter remedy then you should consult your doctor.

How does a doctor diagnose cystitis?

The diagnosis of cystitis is primarily based on symptoms and signs. Visual appearance of the urine is not helpful.

The most important examination of **urine** is done by chemical testing (dipstick test), which is very quick, and by subsequent **urine culture** where the specimen is sent to a hospital laboratory to grow and examine the bacteria. The specimen must be fresh.

It's also important that the woman has separated her labia (lips) during urination, to avoid bacteria from the skin and vagina contaminating the specimen.

If there is inflammation, the doctor will identify either red and white blood cells or protein in the urine using the dipstick test.

If this is positive, your doctor can prescribe antibiotics immediately while waiting for further confirmation from the urine culture.

It is MOST important that your GP sends urine to the laboratory for urine culture and does not rely solely on the results of the dipstick as the findings mentioned above do not always mean for sure that infection is present.

Urine culture will also indicate whether the bacteria grown are sensitive to the antibiotic that has been used, or whether there's any resistant bacteria which is not going to respond to the antibiotic.

If this is the case, then appropriate advice about antibiotic treatment can be given.

In the case of repeated infections of the urinary system, a referral should be made to a Urologist for tests such as **ultrasound scanning** or **X-rays** of the urinary system and **cystoscopy** (telescopic examination of the bladder).

Other ways of managing infections

Some people, particularly women, may have repeated infections. To avoid this, follow the good advice above.

Women who have more than two episodes of cystitis yearly may benefit from medium term use of an antibiotic as protection against infection.

The effectiveness of long-term antibiotics (over 12 months) has not been clearly established.

Reference:

<http://www.netdoctor.co.uk>