Cystitis

Summary

- Cystitis is an inflammation of the bladder and is usually caused by the bacterium E. coli.
- Treatment includes drinking plenty of water and taking urinary alkalisers and antibiotics.
- Regular and severe attacks need to be investigated and treated by your GP.
- A kidney infection is serious and needs prompt medical attention.

What is cystitis?

Cystitis is an infection of the bladder that almost always follows (is secondary to) bacterial infection in the urine. It is the most common type of urinary tract infection (UTI), particularly in women.

The bladder is a muscular bag that stores urine from the kidneys. Urine leaves the body through a tube called the urethra. Cystitis occurs when bacteria travel up the urethra, infect the urine and inflame the bladder lining.

Most women will experience cystitis at least once in their lives. While it is painful and annoying, it isn't dangerous or contagious, and the infection can’t be passed on to your partner during sex.

If left untreated, the infection can ‘backtrack’ deeper into the urinary system from the bladder and reach the kidneys. A kidney infection is serious and needs prompt medical attention as it can cause kidney damage or even kidney failure.

Symptoms of cystitis

Cystitis can be mild to severe. The symptoms include:

- frequent urge to urinate, if only to pass a few drops
- burning pain or a ‘scalding’ sensation on urination
- strong-smelling urine
- cloudy or bloody urine
- pain in your lower abdomen
- blood in your urine.

Treatment for cystitis

The earliest symptom of cystitis is usually a faint prickling feeling on passing urine. It is possible to get rid of mild cystitis if you take action immediately. Some suggestions include:

- Drink plenty of liquids.
- Take a commercial urinary alkaliser (ask your pharmacist for advice) or one teaspoon of baking soda (bicarbonate of soda) in water.
- Avoid acidic foods or drinks as they cancel out the effect of urinary alkalisers and can aggravate the burning when passing urine.

If self-help treatments aren’t working, seek medical advice quickly. Your GP will probably test your urine to check which micro-organism is present. Cystitis can be treated with a course (or more than one course) of antibiotics.

Regular or severe attacks of cystitis need to be investigated by a GP, because an underlying disorder such as kidney stones or a kidney infection could be the trigger.
**Cause of cystitis**

The most common bug or bacterium causing urinary tract infection is Escherichia coli (E. coli). The bacterium is often found when the urine is examined under a microscope – this test is called a microscopy and culture (M&C) of urine.

E. coli is commonly found in the digestive tract and bowel. Under normal conditions, it is harmless. However, E. coli thrives in the acidic environment of the bladder, where it multiplies and inflames the bladder lining.

**Cystitis in women**

Women in their late teens and older are most susceptible to cystitis, especially if they are sexually active. The female urethra is only 4 cm long, which gives bacteria easy access to the bladder.

Female sex hormones influence the vaginal secretions that affect the ability of bacteria to survive. This makes women more susceptible to infection:

- during certain stages of the menstrual cycle
- during pregnancy
- during menopause
- after a total hysterectomy.

**Cystitis in men and older people**

Men tend to get cystitis later in life. Where trouble with urine flow is a symptom, this may indicate that the underlying cause is a problem with their prostate gland.

Cystitis is common in older people, particularly if they are unwell. Bladder catheters and some urinary-tract operations may also increase the risk of cystitis.

**Cystitis in children**

Cystitis in a child always needs to be investigated, because it may indicate a more serious condition such as urinary reflux (also known as vesicoureteric reflux). This is a bladder-valve problem, which allows urine to flow back towards the kidneys.

**Long-term prevention of cystitis**

In some women, one bout of cystitis allows their urinary system to build up a type of immunity and further bouts are rare. For other women, cystitis can occur regularly.

Although not always backed up by research, some women have found that useful suggestions include:

- Go to the toilet to pass urine as soon as you feel the urge, rather than holding on.
- Drink plenty of water every day to flush your urinary system.
- Wipe yourself from front to back (urethra to anus) after going to the toilet.
- Wash your genitals before sex and encourage your partner to do the same.
- Urinate after sex.
- Wear cotton rather than nylon underwear.
- Avoid wearing nylon pantyhose, tight pants or tight jeans.
- Don’t use perfumed soaps, talcum powder or any type of deodorant around your genitals.
- Avoid bubble baths.
- Treat vaginal infections such as thrush or trichomoniasis promptly, since these organisms can encourage cystitis.

Cranberries (usually as cranberry juice) have been used to prevent UTIs. Cranberries contain a substance that can prevent the E. coli bacteria from sticking to the urinary tract lining cells. However, recent research has shown that cranberry juice does not have a significant benefit in preventing UTIs, and most people are unable to continue drinking the juice on a long-term basis.

Let your GP know if you’re having cranberry juice as it can alter the effectiveness of some antibiotics.

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Where to get help

- Your GP
- Pharmacist
- **Kidney Health Australia** helpline Tel. 1800 454 363

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