

Menopause and urinary symptoms: burning, urgency and repeat UTIs

After menopause, declining estrogen can affect vaginal and urinary tissues together, so dryness, burning, painful sex, sudden urges and repeat infections may be linked. Treating tissue health directly, with moisturizers, lubricants or local low-dose vaginal hormone therapy when appropriate, can reduce discomfort and unnecessary antibiotics.

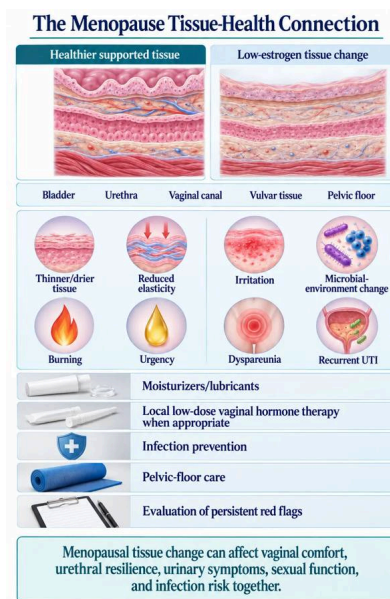


Figure 33.1. The Menopause Tissue-Health Connection. Menopausal tissue change can affect vaginal comfort, urethral resilience, urinary symptoms, sexual function, and infection risk together.

Key points

- Genitourinary syndrome of menopause can cause dryness, irritation, burning, painful penetration, urgency and recurrent urinary infection.
- Repeated symptoms with negative cultures should prompt reconsideration rather than automatic antibiotics.
- Local low-dose vaginal estrogen has an important role for many women, with minimal systemic exposure compared with systemic hormone therapy.
- Lubricants, moisturizers and tissue-directed hormones work on different timelines.
- A history of hormone-sensitive cancer calls for coordinated, shared risk assessment, not silence or blanket prohibition.

Get prompt care if you notice

- Bleeding, including abnormal vaginal bleeding
- Pain in one spot that does not settle
- Discharge, a sore, a mass or another skin change
- Fever or a positive culture during a new episode
- Symptoms with no clear cause

Questions to ask your urologist

- Do my urinary and vaginal symptoms fit a shared tissue syndrome?
- Which examination or testing is needed before treatment?
- My cultures have been negative; what else could explain my symptoms?
- How do local and systemic hormone options differ for my circumstances?
- Given my cancer history, how should we weigh local treatment, and should my oncology team be involved?
- How long should I use a treatment before we judge whether it is working?

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