

Recurrent UTIs: why they keep coming back and how to stop them

A urinary infection is most convincing when new symptoms, signs of inflammation and a reliable culture all point the same way. When infections keep returning, the first step is to confirm each episode was really an infection, then find and treat the reason it recurs, from menopausal tissue change to stones or incomplete emptying.

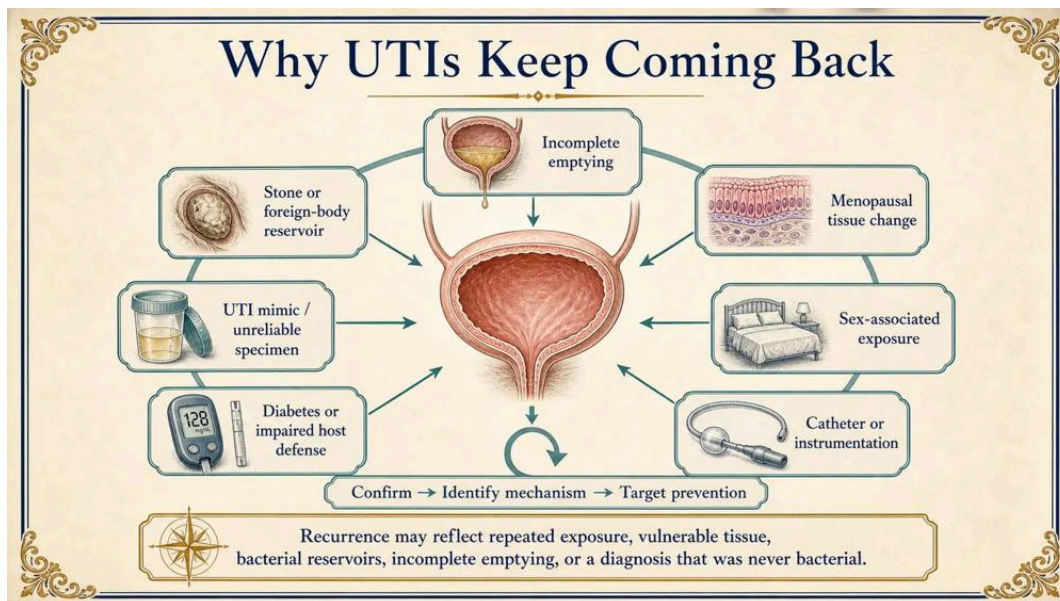


Figure 14.1. Why UTIs Keep Coming Back. Recurrence may reflect repeated exposure, vulnerable tissue, bacterial reservoirs, incomplete emptying, or a diagnosis that was never bacterial.

Key points

- Symptoms alone, or bacteria alone, do not define a urinary infection.
- Bacteria in the urine without symptoms is not always an infection that needs antibiotics; pregnancy and certain upcoming procedures are exceptions.
- A contaminated sample can produce a misleading culture and unnecessary medication.
- Infection plus blockage is especially dangerous because antibiotics may not control infected urine trapped behind a stone or obstruction.
- For peri- and postmenopausal women, local vaginal estrogen can reduce recurrence risk when appropriate.
- Current evidence does not support presenting D-mannose as a reliably effective prevention strategy.

Get prompt care if you notice

- Fever or chills
- Flank or back pain
- Vomiting
- Confusion or systemic decline
- Blocked urine flow or inability to urinate
- Urinary infection symptoms during pregnancy

Questions to ask your urologist

- Do my symptoms, urinalysis and culture tell a consistent story, or could contamination explain the result?
- Which of my episodes were confirmed infections?
- Does my pattern point toward exposure, vulnerable tissue, poor emptying or a reservoir of bacteria?
- Would vaginal estrogen, methenamine, cranberry or a preventive antibiotic fit my situation?
- If symptoms continue after the bacteria clear, what diagnosis should we consider next?

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