

## Patient information

### Recurrent Cystitis in Women

Urology Department – Royal Liverpool Hospital

Some women have recurring bouts of cystitis. In many cases there is no apparent cause. Treatment options to consider include: treating each episode promptly with a short course of antibiotics; a regular dose of antibiotics taken long-term; a daily dose of cranberry juice; taking a single dose of antibiotic after having sex (if having sex seems to trigger episodes of cystitis).

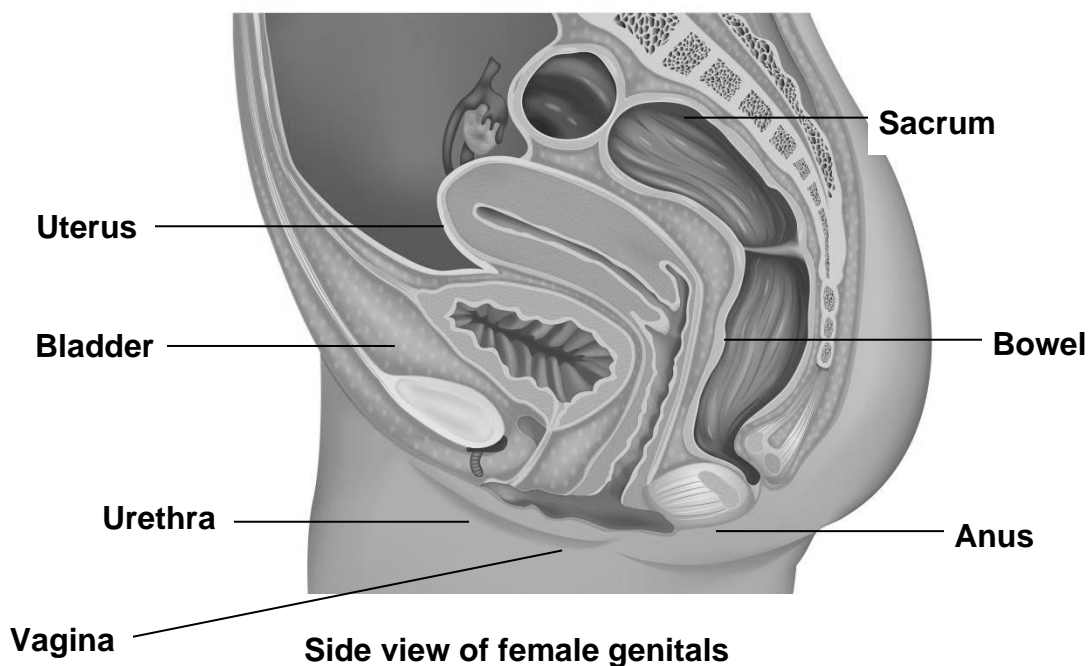
#### What is cystitis?

Cystitis means inflammation of the bladder. It is usually caused by a urine infection. Typical symptoms are pain when you pass urine and passing urine frequently. You may also have pain in your lower abdomen, blood in your urine, and fever (high temperature). About half of all women have at least one bout of cystitis. For many, only one or two bouts occur in their lifetime. However, some women have recurrent bouts of cystitis. This most commonly occurs in women in their late 20s and in women over 55. This leaflet is for women who are prone to recurring cystitis.

**Important** - if you ever see blood in your urine you must report it urgently to your family Doctor (GP) for further investigations.

#### Understanding the bladder and genital area

Most urine infections are caused by bacteria (germs) that come from your own bowel. They cause no harm in your bowel but can cause infection if they get into other parts of your body.



Some bacteria lie around your anus (back passage) after you pass a stool (faeces). These bacteria can sometimes travel to your urethra and into your bladder. Some bacteria thrive in urine and multiply quickly to cause cystitis. Your urethra is the tube from the bladder that passes out urine. Women are more prone to cystitis than men as their urethra is shorter and opens nearer the anus.

### **Why do some women have recurring cystitis?**

Your body has natural defences to prevent bacteria from causing cystitis. The mucus around your vagina and opening of your urethra is slightly acid which prevents bacteria from multiplying.

Although bacteria may thrive in urine, you empty your bladder regularly which flushes urine and bacteria out. Also, the cells that line your urethra and bladder have some resistance against bacteria.

In most cases, there is no apparent reason why cystitis recurs. There is usually no problem with your bladder or defence (immune) system that can be found. It is possible there may be a slight change in the ability of the body to resist bacteria getting into the bladder and causing infection. A slight variation in the body's defence may 'tip the balance' so it goes on to cause infection. (In a similar way, some people seem more prone to colds, sore throats, etc.)

### **For some women, one of the following may contribute:**

- **Bladder or kidney problems** may lead to infections being more likely. For example, kidney stones, or conditions that cause urine to 'pool' and not drain properly. Your doctor may arrange some tests if a problem is suspected.
- **Having sex** increases the chance of cystitis in some women (see below).
- **Hormones.** Your vagina, bladder and urethra respond to the hormone (chemical) oestrogen. When the levels of oestrogen in your body drop (for example, after the change (menopause), the tissue of these organs become thinner, weaker and dry. These changes can increase the risk of recurrent cystitis. Cystitis is also more common during pregnancy because of changes in the urinary tract (bladder and urethra).

### **What can I do to help prevent cystitis?**

If you only have the occasional bout of cystitis, you do not need to do anything or change your lifestyle. If you have recurring cystitis, one or more of the following **may** help. There is no proof that these reduce the risk of cystitis, but they seem sensible.

- **Hygiene.** Some women think that poor hygiene can lead to cystitis. There is no evidence for this. In fact, some women wash their anus and vagina **too** much. This may do more harm than good. Too much scrubbing and cleaning may slightly damage your genital skin. Bacteria thrive better on damaged skin. Cleaning or 'douching' your vagina may alter the normal balance of protective mucus. Again, this may allow bacteria to thrive. Only wash with water avoid soaps, shower gel and bubble bath.
- **Wiping your anus** from front to back after you pass a stool (faeces) is commonly advised. The logic is that bacteria from your anus will be pushed backwards away from your urethra, rather than towards it.

- **Drink lots** each day to flush out your bladder frequently. This may possibly help to prevent cystitis. It is also commonly advised to drink lots to treat cystitis if symptoms start. However, the advice to drink lots after symptoms start is controversial. This may do little to clear bacteria from an inflamed bladder, and drinking lots may just cause more (painful) toilet trips.
- **Underwear** Wear cotton underwear and change daily. Do not wear tight fitting trousers or tights. This avoids warm, moist, airless conditions around your genitals, which some types of bacteria like.
- **Sanitary products.** Avoid using sanitary products such as panty liners when not menstruating. Also avoid using products that are perfumed.

## **What are the treatment options for recurring cystitis?**

### **Prompt self-treatment of each bout of cystitis**

Some women are prescribed a supply of antibiotics to keep on 'standby'. You can then treat a bout of cystitis as soon as symptoms begin without having to wait to see a doctor. This is an option if you are confident about knowing the symptoms of cystitis. A three day course of antibiotics is the usual treatment for each bout of cystitis.

Ideally, you should do a midstream specimen of urine (MSU) to send to the laboratory before starting a course of antibiotics. Therefore, you may also be given a supply of sterile containers to produce a urine sample into when symptoms start. You should see a doctor if symptoms do not go within a few days.

### **Antibiotic prevention is another option**

This means taking a low dose of an antibiotic regularly. One dose each night will usually reduce the number of bouts of cystitis. (It is best to take the antibiotic at bedtime). A three to six month course may be advised, and then to review the situation. You may still have bouts of cystitis if you take antibiotics regularly (but they should be much less often).

If a bout does occur, it is usually caused by a bacterium that is resistant to the antibiotic you are taking regularly. A urine sample is needed to check on which bacterium is causing any bout of cystitis. You may need a temporary change to a different antibiotic. This option should be discussed with your doctor.

### **Cystitis related to having sex**

Some women find that they are prone to cystitis within a day or so after having sex. This may be partly due to the movements during sex, which may push bacteria up your urethra into your bladder. There may also be slight damage to your urethra that encourages bacteria to thrive. This is more likely if your vagina is dry during sex. The normal mucus in and around your vagina may also be upset if you use spermicides or diaphragm contraceptives.

### **The following may reduce the chance of cystitis developing after sex.**

- If your vagina is dry, use a lubricating jelly during sex.
- Go straight to the toilet after having sex to empty your bladder.
- Drink a glass of water before and after sex so that you will have dilute urine in your bladder.

- One option is to take a single dose of antibiotic within two hours after having sex.
- Do not use spermicides and/or diaphragm for contraception. See your doctor or practice nurse for advice on other forms of contraception.

### **Cranberry juice**

There is some evidence that cranberry juice may help to prevent cystitis. One study compared women with recurrent cystitis. Some took a daily drink of cranberry juice, and some did not. There were 20% fewer bouts of cystitis in the treatment group over the 12 month study period. (The treated group had a 50 ml drink of cranberry-lingonberry juice each day. This contained 7.5 mg cranberry concentrate.) More studies are needed to confirm that cranberry juice helps. You can try cranberry juice alone, or it can be used in addition to any other treatment.

### **Some points about cranberry juice include:**

- Cranberry extracts (capsules, drinks, etc) can be bought from supermarkets, pharmacies and health stores. You can take these daily, even when you do not have a bout of cystitis, to prevent one from occurring.
- The best dose to take is not known as there has been little research done on this. However, it is thought that high dose capsules may be better than low dose capsules or juice.
- Cranberry squashes do not contain a sufficient amount of cranberry juice.
- It is not known if cranberry extracts are safe in older people or in young children. Again, this is because of a lack of research.
- **Cranberry can react with certain other medicines. In particular, it is unsafe to take with Warfarin.**

### **Probiotics**

There is increasing interest in using probiotics to try and prevent recurrent cystitis. The evidence from available studies suggests that probiotics can be beneficial for preventing recurrent infections in women; they also have a good safety profile.

Probiotics can either be bought as tablets from health food shops or in the form of yoghurt drinks from supermarkets.

The most effective probiotic bacteria appear to be *Lactobacillus rhamnosus* GR-1, *Lactobacillus reuteri* RC-14 (previously called *Lactobacillus fermentum* RC-14), *Lactobacillus casei shirota* and *Lactobacillus crispatus* CTV-05.

However, further research is needed to confirm these results before the widespread use of probiotics for this indication can be recommended.

### **D-Mannose**

D-Mannose can be bought as tablets/capsules or powder. It is a type of sugar that is naturally present in your body in low levels. It is thought that it may stop cystitis occurring. The recommended dose is 1 gram (1000 milligrams) twice a day.

The research that has been done into D-Mannose has shown that is safe to use, however very few studies have been done. It should be used carefully in diabetes, so you must talk to your doctor before taking D-Mannose if you have diabetes.

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If you have accessed this patient information leaflet via a QR code, can you please take the time to complete a short questionnaire by clicking [here](#).

## **Further Information**

**For queries about your urology appointment, contact the hospital you have been referred to**

**Royal Liverpool Hospital**

**Urology Department**

**Tel: 0151 282 6877/6788**

**Text phone number: 18001 0151 282 6877/6788**

**Aintree Hospital**

**Patient Appointment Centre**

**Tel: 0151 529 4550**

**Text phone number: 18001 529 4550**

**For general queries telephone the Urology Specialist Nurses at the Hospital site you have been referred to.**

**Royal Liverpool Hospital**

**Urology Benign Condition Specialist Nurse**

**Tel: 0151 282 6819**

**Text phone number: 18001 0151 282 6819**

**Aintree Hospital**

**Urology Specialist Nurses**

**Tel: 0151 529 529 3484**

**Text phone number: 18001 0151 529 3484**

**For clinical questions specific to your case, telephone the secretary of your urology consultant.**

**The Cystitis and Overactive Bladder Foundation**  
**76 High Street,**  
**Stony Stratford,**  
**Buckinghamshire,**  
**MK11 1AH**  
**Tel: 01908 569169**  
**www.cobfoundation.org**

<http://www.patient.co.uk/health/recurrent-cystitis-in-women>

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