

Urinary Tract Infections (UTIs)

WARWIKI

Patient Information · What a UTI is, how it's treated, and how to prevent it

A urinary tract infection (UTI) happens when bacteria grow in the urinary tract. Most are **bladder** infections, which cause burning, urgency, and frequent urination. Less often the infection reaches a **kidney**, which is more serious. Most UTIs clear quickly with the right antibiotic, and there are good ways to prevent repeats.

About This Condition

A bladder infection (**cystitis**) usually causes:

- **Burning or stinging** when you urinate
- **Urgency and frequency** — going often, in small amounts
- Cloudy, dark, or strong-smelling urine; lower-belly discomfort

A **kidney infection** (pyelonephritis) is more serious and adds **fever, chills, back or flank pain, and nausea** — this needs prompt care.

What Causes It

Bacteria (usually from the bowel) enter through the urethra and grow in the bladder. Things that raise the risk include **sex**, **menopause** (lower estrogen), not fully emptying the bladder, catheters, stones, and diabetes.

LEARN THE TERMS

UTI

An infection anywhere in the urinary tract.

Cystitis

A bladder infection — the most common UTI.

Pyelonephritis

A kidney infection — more serious, often with fever.

Urine culture

A test that grows the bacteria to pick the right antibiotic.

Recurrent UTI

Repeated infections (often 2–3 or more in a year).

Vaginal estrogen

A low-dose cream/tablet that lowers UTI risk after menopause.

Asymptomatic bacteriuria

Bacteria in the urine with no symptoms — usually not treated.

DO I ALWAYS NEED ANTIBIOTICS? If you have symptoms, a UTI is treated with antibiotics. But if a urine test finds bacteria and you feel **fine**, that is usually **not** treated — antibiotics then do more harm than good. Important exceptions are pregnancy and before certain urinary procedures.

How It's Diagnosed & Treated

- Your team confirms a UTI with your **symptoms** plus a **urine test/culture**.
- A bladder infection is treated with a **short antibiotic course**.
- A **kidney infection** may need a stronger or longer antibiotic, and sometimes hospital care.
- Finish the full course, even once you feel better.

Preventing Repeat UTIs

- **Drink plenty of water** and don't hold urine for long.
- Urinate after sex; wipe front to back.
- After menopause, **vaginal estrogen** can lower the risk.
- Ask about non-antibiotic options, and about preventive antibiotics only if infections are frequent.

Good to Know

- Cranberry products and D-mannose help some people; evidence is mixed — they are reasonable to try.
- Repeated UTIs sometimes prompt a check for a cause (incomplete emptying, stones).
- If you have a catheter, some bacteria are expected — treatment is based on symptoms, not the test alone.

Seek care promptly if you have:

- **Fever, chills, or back/flank pain** (possible kidney infection)
- Nausea or vomiting, or you feel very unwell
- Visible **blood in the urine**, or symptoms not improving on antibiotics
- You are pregnant and have any UTI symptoms

THREE THINGS TO REMEMBER

1. Most UTIs are bladder infections (burning, urgency) and clear with a short antibiotic course; kidney infections (fever, flank pain) are more serious.
2. Bacteria in the urine **without symptoms** usually should not be treated — except in pregnancy or before certain procedures.
3. Prevent repeats with fluids, voiding after sex, and (after menopause) vaginal estrogen. Seek care for fever, flank pain, or vomiting.