

# Cystitis

Department of Urology

[www.ulh.nhs.uk](http://www.ulh.nhs.uk)

## **Aim of this leaflet?**

This leaflet aims to inform patients about the causes, symptoms and treatments of cystitis.

## **What is cystitis?**

Cystitis means inflammation of the bladder lining. It is often caused by a urine infection and symptoms include pain when passing urine (usually described as a stinging or burning sensation) and passing urine more frequently. Associated symptoms can include pain in your lower tummy (abdomen), blood in the urine and a high temperature. Some people can also experience cloudy or discoloured urine that can be smelly.

## **What is the cause?**

Most cases of cystitis are caused by bacteria entering your bladder via your urethra (water pipe). These bacteria often come from your bowel. This happens more frequently in women because the openings to the urethra, vagina and anus (bowel) are located very close to each other and bacteria can enter into the bladder more easily.

Some people have cystitis-like symptoms but without infection. Over 50% of women in the UK will be affected by cystitis at some point in their lives and many will have more than one episode.

## **Other risk factors?**

- Pregnancy
- Diabetes
- Being sexually active
- Menopause

## **What can I do to help my symptoms?**

When you begin to get symptoms there are some things you can do to relieve them and help prevent further attacks, these include:

- Drink plenty of water.
- Take painkillers such as paracetamol and/or ibuprofen (unless you have an allergy or intolerance).
- Avoid irritants to the bladder such as fizzy drinks, caffeine, acidic drinks and alcohol.
- If you have been prescribed antibiotics, to start if a further attack occurs, make sure you collect a urine sample and have it sent off to the laboratory by your urologist/nurse specialist/GP and then start taking your antibiotics.

## **What are the other treatment options?**

If the above measures fail to help your symptoms then you may require antibiotic treatment. Contact your GP surgery and take a urine sample with you. This can be checked with a quick dipstick test to see if there is bacteria in your urine. If you are prescribed antibiotics, you must complete the full course.

If you are female and have been through the menopause, a topical oestrogen treatment may also benefit your symptoms.

## **How can I help prevent further attacks?**

- Drink plenty of liquid, preferably water each day (around 2 litres or 4 pints).
- Only use gentle pH balanced soaps on your genitals to maintain the 'good' bacteria and avoid bubble baths, talc, deodorants and perfumed wipes.

- If your symptoms are associated with sexual intercourse, try to pass urine before and after sex. Avoid using the vagina diaphragm as a contraceptive method as this can increase the risk of urinary tract infections in some women.

## **What is the prognosis?**

The majority of patients improve within a few days. If your symptoms persist despite following the advice in this leaflet or if you have a temperature, nausea or vomiting then contact your GP surgery.

Some people who suffer with recurrent cystitis require further investigations if:

- You are getting frequent/recurrent bacterial urinary infections.
- You get spread of your infection to your kidneys (pyelonephritis), which has been diagnosed by your GP or hospital doctor.
- You have seen blood in your urine.
- You are not emptying your bladder fully.

## **Are there different types of cystitis?**

In addition to bacterial cystitis, there are other types of cystitis which this leaflet will only touch upon briefly. Further information and resources are available and are detailed at the back of this leaflet. Different treatment options may be available for each and these can be discussed with you by a urologist or specialist nurse.

- **Radiation Cystitis (Haemorrhagic Cystitis) -** Radiotherapy used for the treatment of some cancers can result in radiation injury to the bladder, resulting in haematuria (blood in the urine) and pain.
- **Immunotherapy Induced Cystitis** – Cystitis may be caused by treatments given directly into the bladder. The most common one used is BCG (Bacillus Calmette-Guerin). This is a form of treatment which is used for the treatment of some bladder cancers.
- **Cystitis Glandularis/Cystitis Cystica** – These are terms used to describe the appearance of the bladder lining, usually due to chronic urinary infections. There is no direct relationship between these forms of inflammation and Interstitial Cystitis but they may co-exist.
- **Follicular Cystitis** – A chronic (long standing) form of cystitis characterised by small nodules and follicles (which look like little blisters) on the bladder lining.
- **Interstitial Cystitis** (also known as Bladder Pain Syndrome (BPS)) – A chronic inflammation of the bladder wall (without infection) associated with bladder pain.

## Further resources and information:

- [www.patient.co.uk/doctor/interstitial-cystitis](http://www.patient.co.uk/doctor/interstitial-cystitis)
- [www.painful-bladder.org.uk](http://www.painful-bladder.org.uk)
- [www.rcog.org.uk/womens-health](http://www.rcog.org.uk/womens-health)
- [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)
- [www.cystistat.co.uk](http://www.cystistat.co.uk)
- [www.orthoelmiron.com](http://www.orthoelmiron.com)
- [www.baus.org.uk](http://www.baus.org.uk) (patient information leaflet)
- The National Institute for Health and Care Excellence (NICE)

## **Contacts:**

If you have any further questions or concerns please contact the urology specialist nurses:

Monday to Thursday 9.00am to 4.00pm

Friday 9.00am to 1.00pm

**Lincoln:** 01522 573821

**Grantham:** 01476 464363

**Louth:** 01507 631451

**Pilgrim:** 01205 446082

## References

If you require a full list of references for this leaflet please email [patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

The Trust endeavours to ensure that the information given here is accurate and impartial.

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