The ‘design flaw’ that can cause UTIs in women

One in every two women will experience at least one urinary tract infection (UTI) in a lifetime. And a feature of the female anatomy is often to blame.

That burning sensation as you pee – it could be a sign that you have a urinary tract infection (UTI). Unfortunately, UTIs are very common in women – one in three women in Australia before the age of 24 will have at least one that needs treatment with antibiotics, and one in two will experience at least one in their lifetime.

UTIs are often described as ‘honeymoon cystitis’; that is because frequent penetrative sex increases the risk of bacteria moving around the genital area, entering the urethra, and triggering an infection. There are many causes of UTIs but according to Jean Hailes Women’s Health GP, Dr Kerryn Rae, the main issue is a “design flaw” in women.

“Basically, the urethra is too short,” she explains.

The length of the female urethra is about 4cm, while the male urethra is around 20cm. A woman’s urethra sits in front of the vagina and is very close to the bowel. For women, this means it’s a very short journey for bacteria to travel into a woman’s urinary tract.

What causes them?

UTIs are usually caused by bacteria. The most common one is E coli (Escherichia coli), and there are a number of ways these clever bugs can enter the urinary tract. Sex is an obvious way, but they can also be introduced by wiping from back to front after peeing (urinating) or pooping (having a bowel movement). It’s important for women and girls to always wipe from front to back after going to the toilet.

A UTI can affect the bladder, kidneys or urethra. In addition to a stinging sensation while peeing, other symptoms include a need to pee more often than normal and feeling pressure low in the belly over the bladder. Other telltale signs of infection are blood in the pee (urine), and smelly pee.

If the infection moves into the kidneys, symptoms can be more serious and can include shivers, back pain, fever, vomiting and a feeling of being very unwell.

Who is at risk?

All of us – women, men, children, even babies – can get UTIs. Diabetes or a family history of these infections, including a history of childhood UTIs, put women at increased risk.
Pregnant women are vulnerable. Their smooth muscles, which are located throughout the urinary tract, relax during pregnancy and this makes it easier for bacteria to enter the urinary tract.

Menopausal women are at risk too, due to the falling oestrogen levels that accompany menopause. As oestrogen decreases, the vaginal and urinary tract tissue begins to thin, making it more vulnerable to bacterial infection.

As women grow older, they are also less likely to present with any symptoms at all. They can be asymptomatic. “Someone in a nursing home may get confused and a UTI may be the cause,” says Dr Rae.

Some sexually transmissible infections (STIs) such as chlamydia or herpes may also cause UTI symptoms such as pain when peeing. “This is why it’s important for women to be up to date with their STI screening,” says Dr Rae.

Honeymoon cystitis is also real, she adds. It is generally more common over summer because women can forget to stay well hydrated.

Diagnosis

A rapid dipstick test, also known as a urine test strip, will be done by the GP, who will then probably prescribe an antibiotic to stop the infection from spreading further up the urinary tract to the bladder or kidneys.

However, the GP will also probably ask the woman to give a urine sample, which will then be tested in a laboratory to identify the bug that is causing the infection. This will make it easier for the doctor to ensure the correct antibiotic has been prescribed. While the bacteria can be successfully treated with one antibiotic, they can be resistant to another.

Dr Rae suggests that if women do not see an improvement in their condition after three days, they need to go back to their doctor.

Recurrent UTIs

About 20% of women will suffer from recurrent UTIs. This means they will experience two or more infections in six months, or three or more in a year. If this happens, it’s important to see your doctor to find out why this is happening.

An investigation might involve an ultrasound of the bladder and urethra. If any abnormalities are found, the GP would then refer the woman to a urologist or urogynaecologist, consultants who specialise in the treatment of these sorts of issues.
As a preventative treatment, women with recurrent UTIs are often treated with a low-dose antibiotic that might be taken for up to three months. Dr Rae says antibiotics can also be prescribed after intercourse for women vulnerable to UTIs.

Cranberry capsules and Hiprex capsules are also used for chronic or recurrent UTIs.

Sepsis

This is rare in young women, but older women need to be aware of sepsis. Also known as blood poisoning, it can be life-threatening, and it can be triggered by an infection, including a UTI.

When the body detects an infection, our immune system kicks in to fight it. However, the immune system can sometimes stop fighting the infection and instead turn on itself, damaging tissue and organs. This is the start of sepsis.

Reducing your risk of a UTI

Tips to reduce your risk of UTIs include:

- never ignore symptoms – see your doctor
- stay hydrated so you can pee regularly. This helps to flush out bacteria
- pee after sex to flush out any bacteria
- always wipe from front to back after peeing or pooping
- avoid douching (washing inside the vagina) and spermicides, as they can upset the balance of the normal vaginal bacteria.

For more information on UTIs, visit jeanhailes.org.au/health-a-z/bladder-bowel/urinary-tract-infections-utis

Published with the permission of Jean Hailes for Women's Health

jeanhailes.org.au  1800 JEAN HAILES (532 642)