

# Management of recurrent lower urinary tract infection

**This guideline does not cover:** recurrent UTI in men, children, pregnant women, catheterised patients or those who have neurological disease, renal stones, gross haematuria or incontinence, as these patients should not be on long-term antibiotic prophylaxis without specialist advice. Patients under specialist care e.g. urology may need to continue on long-term prophylaxis as per specialist advice.

## Does the patient meet the definition for recurrent UTI?

i.e. more than 3 microbiologically confirmed UTIs in 12 months or more than 2 microbiologically confirmed UTIs in 6 months

Yes

- **Continue simple measures** as for 'prophylaxis not indicated' [Patient information leaflet](#)
- **MSU to confirm diagnosis and establish sensitivities during acute UTI** [MSU sampling guide](#)
- **Previous UTI – was treatment complete?**
- **Consider other investigations** e.g. renal tract ultrasound (for stones, cysts or tumours), post void residual volume scan, or refer for cystoscopy (if new presentation post menopause)

Yes

Do investigations show normal renal structure?

Yes

### Consider low dose prophylactic antibiotics:

nitrofurantoin (if GFR >45) 100mg stat (post-coital) or od at night.  
*Long term nitrofurantoin may be associated with lung fibrosis and hepatitis; and is ineffective when used in patients with GFR < 30*  
\*Alternatives: once daily trimethoprim 100mg, cefalexin 250mg or co-trimoxazole (depending on sensitivities from MSU)

### Give prophylaxis for 3 months:

Document review date in notes and on prescription

### Advice to patient:

[Patient information leaflet](#)

- Treatment not usually life-long
- Given to allow a period of bladder healing, which makes UTI less likely
- No evidence of additional benefit beyond 6 – 12 months
- Risk of bacteria in the body developing resistance to antibiotic with long term use
- Side effects of antibiotics (antibiotic dependent but may include thrush, C. difficile, antibiotic resistance)

Yes

Suspected UTI during 3 month prophylaxis period

No

If no recurrence in the 3month prophylaxis period, review 6months later, or as needed if further suspected UTI.

Yes

Confirm with MSU. Treat for 3 day course with appropriate antibiotics - choice dependant on the MSU sensitivity. **THEN**, resume prophylaxis, until 3 months completed in total, with the most appropriate antibiotic, depending on recent sensitivities

Yes

If a second confirmed UTI occurs within the 3month prophylaxis period, treat and continue prophylaxis, but consider uro/gynae referral.

Yes

Review in a further 6 months or when a further suspected UTI occurs.