

FICHE 1

Generalities about UTI

- It is normal to have bacteria into your bladder if you are using intermittent catheterisation
- 50% of the germs are multiresistant to antibiotics
- Symptoms are non specific
- Definition of recurrent urinary tract infections: more than 3 episodes of symptomatic urinary tract infections per year
- One urinary tract infection is characterised by the brutal appearance of one or more of the following symptoms

Urinary symptoms

- Fever in the absence of other etiology
- Cloudy urine
- Leakage
- Increase in frequency of cath

Non urinary symptoms

- Autonomic dysreflexia
- Cephalalgia
- Spasticity
- Asthenia



To do

- Antibiotics only if symptoms of UTI
- Always have a urine culture before antibiotics
- Adapt antibiotics to the result of the culture
- In case of fever: hospitalisation to do evaluation (ultrasound or CT scan,...)
- Duration of antibiotic course:
 - Infection without fever = 5 days
 - Febrile urinary tract infection = 10 days



Not to do

- No urine culture control
- Don't decrease catheterisation frequency
- No minute antibiotic treatment (<=3 jours)
- Don't prescribe Quinolones of first generation



Antibio-therapy

- Don't use fluoroquinolones
- Enterococcus are naturally resistant to cephalosporins
- Entérocoques are non sensible to Bactrim® in vivo
- *Pseudomonas aeruginosa* always need double antibiotherapy

- It is:

Symptoms



AND positive urine culture

AND more than 3 episodes per day

- **It is not:** positive urine culture repeated frequently

What to do at least ?

Micturition diary

- Frequency and volumes
- Diuresis
- Leakages

Ultrasound

- Upper urinary tract abnormalities
- lithiasis

Urodynamics

- To assess pressure regimen

Cystoscopy

Solutions exist !

- Increase frequency
- Diuresis of 1.5 L
- Prevention of overdistension volume <400ML
- Treat detrusor overactivity
- Treat constipation
- Respect good practices
- Antibiotics can be discussed by specialist



Don't use antibiotics every day