Cystitis

bladder infection and what to do about it
Cystitis is an inflammation of the inside lining of the bladder. Although it is sometimes very distressing, it is rarely a danger to your health.

Over half the women in this country suffer from cystitis at some stage in their life, sometimes they keep getting it.

This booklet gives you information about how to recognise the symptoms; what you can do to help yourself; when to see the doctor; and how to prevent further attacks.

Who gets cystitis?

Cystitis can affect any woman of any age, including young girls. Men and children can get it too, although this is less common.

The entrances to a woman’s urethra (water passage), vagina and anus are all very close together, allowing bacteria to travel easily from the skin, anus and vagina to the urethra. Also, a woman’s urethra is very short, compared to a man’s. This makes it easier for a woman’s bladder to become infected.

You are more likely to get cystitis:

During pregnancy
Pregnancy causes changes in the body that make women more prone to urinary tract infections such as cystitis.

After the menopause
Your vagina may become dry, causing soreness and bruising during sexual intercourse. This can lead to an attack.
What causes it?

Any of the following can cause an attack of cystitis.

**Bacteria**
Cystitis can be caused by bacteria that normally live in and around the anus. Sometimes the bacteria get into the urethra and bladder. This can happen during sexual intercourse, when inserting tampons, or by wiping or washing your bottom from back to front.

**Other infections**
Vaginal infections like thrush can cause symptoms similar to an attack of cystitis by irritating the urethra, which is close to the vagina. Itching and a thick, white discharge are more likely to be symptoms of thrush. Bacteria that cause sexually transmitted infections like chlamydia and herpes may also cause cystitis.

**Toiletries**
Using toiletries like vaginal deodorants, perfumed soap, bath products, talcum powder or detergents in washing powder can cause chemical changes and irritation inside the vagina.

**Friction**
The urethra is close to the vagina and can be rubbed during sexual intercourse. Tight knickers or trousers can also cause friction.

**Contraceptives**
Use of a contraceptive diaphragm with spermicide may lead to an attack of cystitis. The spermicide used in lubricated condoms may also cause an attack. Try using condoms without spermicide or use hypo-allergenic condoms.

**Changes in lifestyle, stress or depression** may bring on an attack or make symptoms worse.

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1. Urethra (water passage)
2. Vagina
3. Anus
4. Bladder
5. Cervix (neck of the womb)
6. Womb
7. Ovary
8. Fallopian tube
9. Pubic bone
How to recognise it

In a typical attack, you will usually have one, or more, of the following:

- A burning or scalding pain in the urethra when you pass water
- A need to pass water more often than usual
- A feeling of bursting to go to the toilet, although there may be hardly any water to pass
- Dragging pain in your lower back or abdomen
- Blood in your urine
- Fever
- Sickness

Sometimes, passing water more often, or feeling an urgent need to go, may not be caused by cystitis. It may be a sign of another condition, such as:

- A sexually transmitted infection, for example chlamydia, gonorrhoea or herpes
- Pregnancy
- Diabetes
- Fibroids in your womb

If you are in any doubt, or you have other symptoms not described here, consult your doctor (see page 6).
What to do when you have an attack of cystitis

There's a lot you can do to relieve an attack of cystitis. Here are a few ways you can help yourself.

Drink plenty of water as soon as you recognise the symptoms. This will help to flush the bacteria out of the bladder and dilute the urine, making it less painful to pass.

Keep drinking as much water as you can over the next few hours. You could also try milk or any other bland liquid. This should make you want to go to the toilet frequently. It may sting at first, but this usually gets better.

After a few hours, the symptoms should start to ease.

Take some bicarbonate of soda – mix a teaspoon of bicarbonate of soda with some water. It will help make the urine less acidic, and so soothe the burning pain.

(Note: If you are taking other medication, or you have high blood pressure or heart trouble, consult your GP before taking bicarbonate of soda.)

Fill some hot water bottles as these can help if you are in pain. Wrap them in a towel and place one on your lower back, another between your thighs.

Take painkillers as these can also help, but follow the instructions that come with the tablets or ask your pharmacist for advice.

Rest and relax and make yourself comfortable in bed or an armchair. Try to take your mind off the discomfort by reading, watching television, or doing something else you enjoy.

Other things to try – some women find that alternative or complementary treatments like aromatherapy can help ease an attack of cystitis. Others believe that regular drinking of cranberry juice, or barley water, can help clear up an attack. But, there is no scientific agreement on whether or not these measures work.

When you have an attack of cystitis, try to rest and relax as much as you can.
When to see the doctor

Self-treatment (see page 5) should clear up most attacks of cystitis within a day or so. But you should always see a doctor:

- If an attack continues for more than a day or two, or if you have repeated attacks – you might have some other problem that your doctor can treat.

- If you are pregnant – pregnant women are particularly at risk of kidney infection.

- If you notice blood in your urine – you may need tests and perhaps antibiotics to clear up the problem.

- If you have other symptoms, such as vaginal soreness, irritation or discharge – this may mean you have a vaginal infection.

An attack of cystitis in a man or child should always be referred to a doctor.

What your doctor might do

- Your doctor might ask for a urine sample to find out whether your cystitis is caused by bacteria. If it is, you will probably be given a course of antibiotics.

- If not, your doctor will advise you on self treatment and prevention. For example, if you are using a diaphragm, you may be advised to change to another method of contraception. Your doctor may also suggest that your sexual partner has a check-up.

- If you also have a vaginal discharge or irritation, the doctor may take swabs from your vagina or cervix (neck of the womb) to find out if you need any other treatment.

- If your cystitis doesn’t clear up, or you keep getting attacks, you may be referred to hospital.

There are times when you should see a doctor. Your GP is there to help.
How to prevent further attacks

If you keep getting cystitis, there are several things you can do to help yourself.

- Try to drink 1½ to 2 litres (5 or 4 pints) of fluid every day. This will help to flush out any bacteria before they get a grip.
- Pass water whenever you feel the need.
- Make sure you empty your bladder completely, pushing out every last drop.
- Always wipe or wash your bottom from front to back. This helps to stop bacteria spreading from the anus.
- Wash your genital area morning and night.
- Avoid using antiseptics, talcum powder, perfumed soap or deodorants in the genital area, in case they cause an allergic reaction. And don't use shampoo or bath oils in the bath if they irritate.
- Avoid tight trousers. Choose cotton pants and tights with a cotton gusset. You may prefer to wear stockings rather than tights, or you could try crotchless tights.
- If you find you get cystitis after sex, try washing before and after sex (and ask your partner to do the same). Use a lubricant such as KY jelly during intercourse. You could also try drinking plenty of water before sex, and emptying your bladder immediately after sex.
- After the menopause, if your vagina becomes dry, it can cause soreness and bruising during intercourse. It might help to use a lubricant, which you can get from your pharmacist without prescription. You should also discuss your symptoms with your GP, who may recommend hormone replacement therapy (HRT).